

L22000279750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

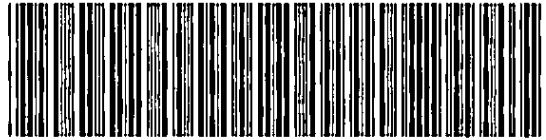
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500394203985

22 SEP 12 AM 8:30  
DIVISION OF SOFT COPY

# COVER LETTER

TO: Registration Section  
Division of Corporations

QUEENTILE US LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANNA DEMYDENKO  
\_\_\_\_\_  
Name of Person  
QUEENTILE US LLC  
\_\_\_\_\_  
Firm/Company  
2614 Big Pine Dr.  
\_\_\_\_\_  
Address  
Holiday, FL 34691  
\_\_\_\_\_  
City/State and Zip Code  
annadiemidienko@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

22 SEP 12 AM 8:30  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

ANNA DEMYDENKO                      813       420-6748  
\_\_\_\_\_  
Name of Person                      at ( \_\_\_\_\_ ) \_\_\_\_\_  
   Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

QUEENTILE US LLC

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/20/2022 and assigned  
Florida document number 1.22000279750.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2614 Big Pine Dr.

Holiday, FL 34691

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2614 Big Pine Dr.

Holiday, FL 34691

22 SEP 12 AM 8:30  
SYSTEM GENERATED  
FILED

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: SVITLANA DEMYDENKO

New Registered Office Address: 2614 Big Pine Dr.

*Enter Florida street address*

Holiday

Florida

34691

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SVITLANA DEMYDENKO	2614 Big Pine DR. Holiday, FL 34691	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ANNA DEMYDENKO	2614 Big Pine Dr. Holiday, FL 34691	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	SERGII DEMYDENKO	2614 Big Pine Dr. Holiday, FL 34691	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	ILLIA ANTONENKO	5145 South Dale Mary Highway Tampa, FL 33611	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	VIKTOR ANTONENKO	5145 South Dale Mary Highway Tampa, FL 33611	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	SVILTANA ANTONENKO	5145 South Dale Mary Highway Tampa, FL 33611	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

22 SEP 1 2 30 AM '08  
 DIVISION OF REVENUE  
 STATE OF FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIVISION OF CORPORATIONS  
22 SEP 12 AM 8:30

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

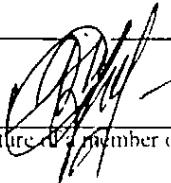
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

09/06/2022

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ANNA DEMYDENKO

\_\_\_\_\_  
Typed or printed name of signee