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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	PRAIRIE QUEEN ON:	Inc.		
DOCUMENT NUMBER:	P23000018236	•		
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
JUAN PABLO VELEZ				
		(Name of Contact I	Person)	<u></u>
PRAIRIE QUEEN Inc				
		(Firm/ Compar	ny)	
11700 NW 102ND RD,				
		(Address)		
MEDLEY, FL 33178				
		(City/ State and Zip	Code)	
j.velez@prairiequeen.us				
	E-mail address: (to be use	d for future annual re	eport notification	n)
For further information con	cerning this matter, please	e call:		
JUAN PABLO VELEZ		ti.	786 it	9738726
	(Name of Contact Person			(Daytime Telephone Number
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PRAIRIE QUEEN Inc				
(Name of Corporation as currently filed with the Florida D	ept. of State)			
P23000018236				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts	the following		
A. If amending name, enter the new name of the corporati	on:			
N/A		The new		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp.			
B. Enter new principal office address, if applicable:	11700 NW 102ND RD			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MEDLEY, FL 33178			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			
<u></u>				
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ag		S	202	
N/Δ	iures:	7A RSR	ಪ	
Name of New Registered Agent:			2023 HAY 11 PM	;
New Registered Office Address:	(Florida street address)	TAHASSEE, I	-P	1
HEN REGISIETED OTHER ADDRESS.		開催の	N ≥ 3	1
	, Florida (City) (Zip Code)		2: 22	
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan	Agent:	rri ".	10	
. , , , , , , , , , , , , , , , , , , ,				
Six	gnature of New Registered Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	<u>D</u>	JAVIER MORALES	11700 NW 102ND RD MEDLEY, FL 33178
x Remove 2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			SECRETA TALLAH
Remove 6) Change Add			ANSSEL I
E. If amending or addin (attach additional shee	ng additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	TATE

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		, ,
The date of each amendment date this document was signed	t(s) adoption: April, 28th, 2023	, if other than the
Effective date <u>if applicable</u> :	FROM THE DATE IT IS PROCESSED IN SUNBIZ FL	
meetive date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
	tis block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amo	endment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated	APRIL 28, 2022			
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	CARLOS F VALERO			
	(Typed or printed name of person signing)			
	PRESIDENT, CEO			
	(Title of person signing)			

2023 MAY 11 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FL