# L12000100 66

(Requestor's Name)	
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(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT N	1AIL
(Business Entity Name)	
(Document Number)	
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2014 DEC -2 PN 3 59

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# **COVER LETTER**

	ision of Cor		•			
SUBJECT:	African C	Queen Trust LLC				
ocude i.		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		James W Hendricks	Jr			
			Name of Person			
		African Queen Trust	LLC			
			Firm/Company	<del></del>		
		PO Box 1548				
			Address			
		Key Largo, FL. 3303	37			
		ibands4752@aal.com	City/State and Zip Code			
		jhendr4753@aol.con E-mail address: (	I to be used for future annual report not	ification)		
For further in	nformation c	oncerning this matter, please ca	all:			
James W	/ Hendrick	s Jr	305 451-4655			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corporation Building 2661 Executive Control Tallahassee, FL 3	on orations enter Circle		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2014

JAMES W HENDRICKS JR PO BOX 1548 KEY LARGO, FL 3307

SUBJECT: AFRICAN QUEEN TRUST LLC

Ref. Number: L12000100066

We have received your document for AFRICAN QUEEN TRUST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 514A00023992

14 DEC -2 AM IO: OO

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 DEC -2 PN 3: 59

LECKETARY OF STATE TALLARASSEE, FLORIDA

African	Oueen	Trust	LLC
Allicali	WUCCII	Husi	LLU

(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 Co	ompany v 	were filed on August 2,2012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liabil	ility company here:	
The new name must be distinguishable and end with the words "Lim	ited Liabi	pility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		99701 Overseas Hwy	
(Principal office address MUST BE A STREET ADDRI	ESS)	Key Largo, Fl. 33037	
Enter new mailing address, if applicable:		PO Box 1548	
(Mailing address MAY BE A POST OFFICE BOX)		Key Largo, FL. 33037	
registered agent and/or the new registered office addr	ess here	ffice address on our records, enter the name of the new	
New Registered Office Address: 9970	New Registered Office Address: 99701 Overseas Hwy		
		Enter Florida street address	
Key L	.argo	, Florida 33037	
		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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action MGR** James W Hendricks Jr PO Box 1548 □ Add Key Largo, FL. 33037 ☐ Remove □ Add ☐ Remove □ Remove \_\_\_\_ Add □ Add ☐ Remove \_ 🗆 Add \_\_\_\_\_ Remove

amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
	•
•	
ffective date, if other than the date of fi the effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	illing: (optional) to date of receipt or filed date and cannot be more than 90 days after truent of State)
November 5	
MN	
· =•	of a member or authorized representative of a member
James W Hendricks Jr	of a member or authorized representative of a member  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

