

L14000110874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

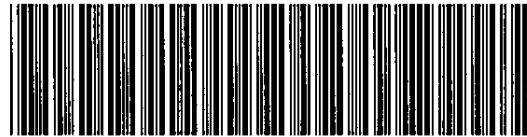
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263513139

08/21/14--01019--024 **25.00

FILED
14 AUG 21 AM 14:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 22 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Queene Water Concepts LLC
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:

Gregory Queene
Name of Person
Queene Water Concepts LLC
Firm/Company
1799 Atlantic Ave
Address
Sanford FL 32771
City/State and Zip Code
g88741@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
16 AUG 21 11 46 AM
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Greg Queene at (407) 595-2685
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Queene Water Concepts 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 _____ and assigned
Florida document number _____.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 AUG 21 AM 10:46
TALLAHASSEE, FL
SECRETARY OF STATE

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

MGR = Manager
AMBR = Authorized Member

Mgr Gregory C. Greene 1799 Atlantic Ave. ☒ Add
Sanford Fl. 32771 ☐ Remove

☐ Remove

 Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

14 AUG 21 AM 4:44
☐ Add
☐ Remove


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

Add Tax I.D. #

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 19, 2014.



Signature of a member or authorized representative of a member

Greg Greene

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 AUG 21 AM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA