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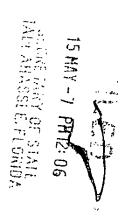
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J. Shavers MAY 1 2 2015

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deboran Williams Name of Person
Queen Your Life up, LLC Firm/Company
847 Douglass Are
Ovedo FL 32765  City/State and Zip Code
City/State and Zip Code  daniell a Chapman Q yahro. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danielle Chapman at (407) 732-1819 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee}\$\$ 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

(Name of the Limited Liability Compan (A Florida Limited L	v as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 140001105182	were filed on $10/23/2$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
The new name must be distinguishable and end with the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		-7 PN 12
New Registered Office Address:	Enter Florida street address , Florid	
	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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Deborah Williams	847 Douglass Ave	
		Ovedo FL 32705	□ Remove
MGR	Danielle Chapmar	- 847 Donglass Av	Carada
		Oviedo, FL 3276	<u>∫</u> Remove
<u>AMB</u> R	Tamisha Cook Ca	Syr Douglass Ave	D ∧dd
		Oviedo, FL 32765	☐ Remove
			_
<del></del>			□ Add
		<u> </u>	Remove
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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

	,			
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effective date mus	other than the date of fili st be specific, cannot be prior to nt is filed by the Florida Departn	date of receipt or filed	date and cannot be more that	(optional) n 90 days after
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Page 3 of 3

Filing Fee: \$25.00

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