117000078368

(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



200299820042

Birdshire and Committee .

11 JUL -3 AH 7:36

JUL 05 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Shabrala Durwoody Name of Person
Queer)U LLC Firm/Company
2000 E Elicott St Address
Tampa FL 33610 City/State and Zip Code
E-nuil address: (to be used for fluire annual report notification)
For further information concerning this matter, please call:
Shabrala Duny Oody a (850) 371-4140 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Sta

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

_ Wheen a LL	_ (
(Name of the Limited Liability Co.	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Composition of Composition of Composition (Composition of Composition		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)		
	-	
B. If amending the registered agent and/or registered	office address on our records, ente	r the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street address	20 v 1=
	Florid.	Ca
	City	-Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	7.0
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or	familiar with and
i i i i i i i i i i i i i i i i i i i		,

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title Name Address

	<u></u>	Address	Type of Action
MGR	Shabrala Durwoody	2000 E. Fllicott ST Tampa FL 33610	🗆 Add
	,	Jampa FL 33610	□ Remove
			Change
			□ Add
			□ Remove
			O Change
			□ Add
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			☐ Change
			.□ Add
			□ Remove
			□ Change

				. <u> </u>			
				·			
	-						
							
			_				
			-				
							 -
		·		<u> </u>	 -		
 -		_		·			
							
						<u> </u>	4
							
							
		<u> </u>					د <u>'۔</u>
						••	
				<u> </u>			<u>:</u>
							
ective date, if other reffective date is listed, te: If the date inserte nument's effective date	r than the date of f the date must be specified in this block does to te on the Department	iling: c and cannot be pri tot meet the appl of State's record	or to date of filir icable statutor ls.	g or more than 90 day of filing requiremen	(optional) rs after filing) Pu ts, this date will	rsuant to e	605,02 isted
record specifies a The 90th day afte	a delayed effective the record is file	ve date, but n ed.	ot an effect	ive time, at 12	:01 a.m. on	the ear	lier :
ted June	27	201	<u>Z</u> .				
	helre le	of a member or aud	nonzed represen	tanve a member			

Page 3 of 3

Filing Fee: \$25.00