

L180000 21005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

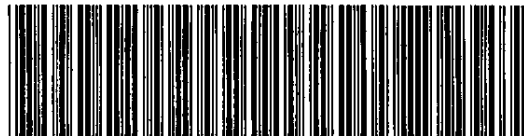
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200311749702

04/11/18--01014--017 **25.00

18 APR 11 AM 5:49
RECEIVED

Y SULKEP

APR 12 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUEEN MAIDS OF FLORIDA 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:

MARIA REGINA MCKENNA
Name of Person

QUEEN MAIDS OF FLORIDA LLC
Firm/Company

1920 NORTHGATE BLVD UNIT A - 7
Address

SARASOTA FL. 34234
City/State and Zip Code

sarasota@ineedamaid.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA REGINA MCKENNA at (941) 315-5262
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**

QUEEN MAIDS OF FLORIDA 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 1/23/2018 and assigned
Florida document number L18000021005.

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 contain 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)

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:

MARIA REGINA MCKENNA

New Registered Office Address:

1920 NORTHGATE BLVD UNIT A-7

Enter Florida street address

SARASOTA

City

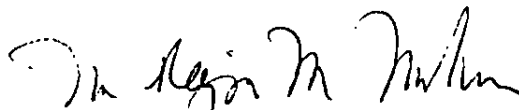
Florida

34234

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GARRY PYE	1920 NORTHGATE BLVD	☒ Add
		UNIT A-7 SARASOTA FI	☐ Remove
		34234	☐ Change
MGR	GARY PYE	7028 LA CANTERA CIRCLE	☐ Add
		LAKEWOOD RANCH FI. 34202	☒ Remove
			☐ Change
MGR	MARIA REGINA MCKENNA	1920 NORTHGATE BLVD	☒ Add
		UNIT A-7 SARASOTA	☐ Remove
		FLORIDA 34234	☐ Change
MGR	REGINA MCKEENA	6196 PALOMINO CIRCLE	☐ Add
		BRADENTON FI. 34205	☒ Remove
			☐ Change
REGISTERED AGENT	SOSS, MARC	11010 HYACINTH PLACE	☐ Add
		LAKEWOOD RANCH FI.	☒ Remove
		34202	☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

10 APR 11 AM 5:49

E. Effective date, if other than the date of filing: APRIL 8 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated APRIL 8, 2018

The Reign of Mahan

Signature of a member or authorized representative of a member

MARIA REGINA MCKENNA

Typed or printed name of signee