## L180000080456

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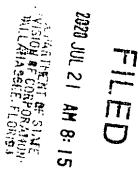


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SEP 04 2020 S. YOUNG



## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
	DISPUTE QUEEN LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	COURTNEY HENDERSO	)N			
		Name of Person			
	DISPUTE QUEEN LLC				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	·		
	7643 GATE PARKWAY S	STE 104-682			
		Address			
	JACKSONVILLE, FL 322	56			
		City/State and Zip Code			
	disputequeenlle@gmail.com				
	E-mail address: (	to be used for future annual report no	otification)		
For further information c	concerning this matter, please c	all:			
COUNTNEY HENDER	SON	904 303-9867			
Name c	f Person	at () Area Code Dayr	ime Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Li \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	Section		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Mon	roe Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISPUTE QUEEN LLC

(Name of the Limited I (A.I	iability Company as it now appears on our florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number $\frac{1.18000080456}{1.18000080456}$	lity Company were filed on 03/29/2018	and assigned
This amendment is submitted to amend the following	ufi:	250 A B B
A. If amending name, enter the new name of the	e limited liability company here:	5
The new name must be distinguishable and comain the words	s "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	<del></del>	
B. If amending the registered agent and/or registered affice address h		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
<u>-</u>		, Florida Zip Code
	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 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>	Address	Type of Action
MGR	Gourtney Henderson	7643 Gate parkway ste 104-65 Jacksonville FL 32256	2 DAdd
			□Remove
	<i>a</i>		□Change
ocesident)	Courtney Henderson	7643 Gateparkway Ste 104-68 JackSnville FC 32256	32 □ Add
7			ERemove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>.                                    </u>	Hello my name is courtney Henderson Owner of
	Dispute Queen Lic
	I'm cuccently trying to open up a business checking
	I'm cullently trying to open up a business checking account and the bank states I need to change
	my authorized person detail title from "president"
	to "Manager member!" I am completing this
	FUET WITH payment to please update the reguest.
	Thank UIV.
	1.14110 900.
-	······································
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
f the record ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July 15th 202.
	Couty Work Signature of a member or authorized representative of a member
	COUNTICY HENDER OF a member  Typed or printed name of signee
	Typed or printed name of signee