## 118000120598

| (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: |
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> JAN 1 5 2019 I ALBRITTON

## **COVER LETTER**

| TO:           | Registration Se-<br>Division of Cor |  |   |                         |
|---------------|-------------------------------------|--|---|-------------------------|
|               | SUPRAFE                             | M, LLC                                       |   |                         |
| SUBJ          | ECT:                                |  |   |                         |
|               |                                     | Name of Lim                                  | ited Liability Company  |                         |
|               |                                     |  |   |                         |
| The en        | iclosed Articles of a               | Amendment and fee(s) are sub                 | mitted for filing.  |                         |
| Please        | return all correspo                 | ndence concerning this matter                | to the following:   |                         |
|               |                                     | Jennifer Green                               |   |                         |
|               |                                     |  | Name of Person  |                         |
|               |                                     |  | Name of Person  Firm/Company  Address  City/State and Zip Code  be used for future annual report notification)  II:  757 409-1645  at ( |                         |
|               |                                     | 973 NE 95th Street                           |   |                         |
|               |                                     |  | Address   |                         |
|               |                                     | Miami Shores, FL 33138                       |   |                         |
|               |                                     | jen@popqueen.co                              | City/State and Zip Code   |                         |
|               |                                     | •  | to be used for future annual report natif   | icatuan                 |
| <b>1</b> 2 (2 | an take satura                      |  | •   | cationy                 |
|               | ther information co<br>er Green     | oncerning this matter, please co             |   |                         |
| Jenni         | er Green                            |  |   |                         |
|               | Name of                             | Person Person                                | Area Code Daytime   | Telephone Number        |
|               |                                     |  |   |                         |
| Enclos        | ed is a check for th                | e following amount:                          |   |                         |
| □ \$2         | 5.00 Filing Fee                     | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy  | Certificate of Status & |

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

2019 JAN -7 PH 4:48

SUPRAFEM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

|   | vere filed on  | _ and assigned                      |
|---|--|-------------------------------------|
| Florida document number 1.18000120598   |  |                                     |
| This amendment is submitted to amend the following:   |  |                                     |
| A. If amending name, enter the new name of the limited liabil   | ity company here:  |                                     |
| Pop Queen, LLC  |  |                                     |
| The new name must be distinguishable and contain the words "Limited Liabilit                              | ent is submitted to amend the following:  ing name, enter the new name of the limited liability company here:  .C  nust be distinguishable and contain the words "Limited Liability Company," the designation "LL.C." or the abbreviation "LL.C."  rincipal offices address, if applicable:  line address MUST BE A STREET ADDRESS)  ailling address, if applicable:  ress MAY BE A POST OFFICE BOX)  ding the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here:  Registered Office Address:  Enter Florida street address  City Tip Code |                                     |
| 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 here:  Name of New Registered Agent: |  | e name of the new                   |
| New Pagistered Office Address:  |  |                                     |
| New Registered Office Address.  | Enter Florida street address   |                                     |
|   | . Florida  |                                     |
|   | City   | Zip Code                            |
| New Registered Agent's Signature, if changing Registered Agent:   |  |                                     |
|   | performance of my duties, and I am fan<br>covided for in Chapter 605, F.S. Or, if  | niliar with and<br>this document is |

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 = M $AMBR = A$ | lanager<br>uthorized Member |              |                |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u>       | Name                        | Address      | Type of Action |
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|                    |  |  |   |  |                    |
| (If an ef<br>Note: | tive date, if other than the diffective date is listed, the date must. If the date inserted in this blochem is effective date on the Depart is effective date. | be specific and cannot be pro-<br>ik does not meet the appl  | or to date of filing or more than<br>leable statutory filing requir | (optional) 90 days after filing.) Pursuant to 605.02 rements, this date will not be listed | !07 (3)(<br>as the |
|                    | cord specifies a delayed<br>e 90th day after the reco  |  | ot an effective time, a   | at 12:01 a.m. on the earlier   | of:                |
| Dated              | January I  | 2019   |   |  |                    |
|                    |  | in a second seco | Horized representative of a me                                      | mhur   |                    |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00