L18000120598

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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Office Use Only



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COVER LETTER

Division of Co			
SUBJECT:	op Queen	LLC	
	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	τ to the following:	
	Je	nnifer Green	
	Pop	Queer, LLC Firm/Company	
	110 NW	Aboress	
		Address	
	El Porta	l, FL 33156	
	-	City/State and Zip Code	
	JEM (1) P E-mail address: (X, FL 3313 C City/State and Zip Code OPGILEPIL CU (to be used for future annual report not)	fication)
or further information of	concerning this matter, please c		,
lungilocias	20	7	
Jenniler Gr.	of Person	at (757) 407 / Area Code Daytim	e Telephone Number
nclosed is a check for the	_ ~		
□ \$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
N4 '11'			

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POP Queen, LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were filed on 5/14/20	
Florida document number <u>L15000130598</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Suprafem, LLC	
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, <u>enter</u>	the name of the new registered
B. If amending the registered agent and/or registered office address on our records, <u>enter</u> agent and/or the new registered office address here:	the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	,
Enter Florida street address	
, Flo	orida
·	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Ç

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
			□Add
			Remove
			Change
		□Add	
		□ Remove	
			□ Change
			□Add
			Remove
			□Change
		□Add	
		□Remove	
		□Change	
		□Remove	
			□Change
			□Add
		□Remove	
			□Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an el Note:	tive date, if other than the date of filing: (optional) (flective 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 (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Date	September 33 2021
	Stenature of a member or authorized representative of a member