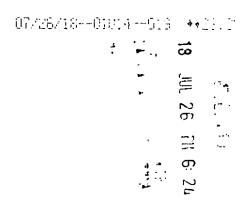
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COVER LETTER

	Registration Sec Division of Corp			
		TRAVELING QUEEN AGEN	NCY, L.L.C.	•
SUBJEC	T:	Name of Lim	ited Liability Company	
The encle	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please rei	turn all correspo	ndence concerning this matter	to the following:	
		CYNTHIA M. INGRAHA	м	
		-	Name of Person	
		CYNTHIA TRAVELING	QUEEN AGENCY, L.L.C.	
			Firm/Company	
		4388 TELLIN AVENUE		
			Address	
		WEST PALM BEACH, F	L 33406	
			City/State and Zip Code	
		CYNTHIATRAVELINGQL	-	· · · ·
r e .1			to be used for future annual report notiti	cation)
ror furth	er information co	oncerning this matter, please ca	au:	
CYNTH	IA M. INGRAH/	MA	561 707-7375	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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

CYNTHIA TRAVELING QUEEN AGENCY, L.L.C. (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 MAY 17, 2018 Florida document number _ L18000124572 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 "LLC." 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: New Registered Office Address:

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

Enter Florida street address

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
PRES	INGRAHAM M CYNTHIA	4388 TELLIN AVENUE,	
		WEST PALM BEACH, FL 33406	■ Remove
			☐ Change
PRES	CYNTHIA M. INGRAHAM	4388 TELLIN AVENUE	∃ Adđ
		WEST PALM BEACH, FL 33406	☐ Remove
			Change
			Add
			☐ Remove
			Change
	·		□ Remove
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			□ Remove
			Change
			□ Remove
			☐ Change

ARTCLE V INGRADAMINI	RTCLE V INGRAHAM M CYNTHIA TO THE CORRECT NAME. THE CORRECT NAME IS				
CYNTHIA M. INGRAHAM.					

tive date, if other than the	date of filing: st be specific and cannot be prior to date of filing or more	(optional) e than 90 days after filing.) Pursuant to 60			
If the date inserted in this bloment's effective date on the De	ock does not meet the applicable statutory filing r	requirements, this date will not be list			
	•				
ecord specifies a delayed	d effective date, but not an effective timord is filed.	ne, at 12:01 a.m. on the earli			
e 90th day after the reco					
e 90th day after the reco	2018				
e 90th day after the reco	2018	; ; , ; , , , , , , , , , , , , , , , , , , 			
e 90th day after the reco	Signature of a member of authorized representative of	u* (

Page 3 of 3

Filing Fee: \$25.00