

# U90000124572

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

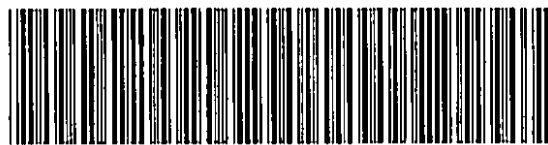
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2018 - 1 2018

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CYNTHIA TRAVELING QUEEN AGENCY, L.L.C.  
\_\_\_\_\_  
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:

CYNTHIA M. INGRAHAM

\_\_\_\_\_  
Name of Person

CYNTHIA TRAVELING QUEEN AGENCY, L.L.C.

\_\_\_\_\_  
Firm/Company

4388 TELLIN AVENUE

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33406

\_\_\_\_\_  
City/State and Zip Code

CYNTHIATRavelingQueen03@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA M. INGRAHAM

561 707-7375  
at ( )

\_\_\_\_\_  
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

and assigned

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

**A. If amending name, enter the new name of the limited liability company here:**

**(Principal office address MUST BE A STREET ADDRESS)**

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code:

Page 1 of 3

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>
PRES	INGRAHAM M CYNTHIA	4388 TELLIN AVENUE,	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	CYNTHIA M. INGRAHAM	4388 TELLIN AVENUE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

I AM ONLY CHANGING THE NAME OF THE PRESIDENT. I AM REMOVING THE NAME FROM  
ARTCLE V INGRAHAM M CYNTHIA TO THE CORRECT NAME. THE CORRECT NAME IS  
CYNTHIA M. INGRAHAM.

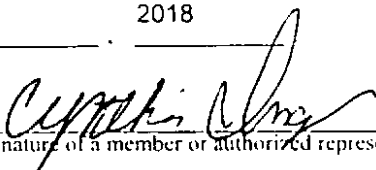
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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.

If the record 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 record is filed.

Dated JULY 23 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CYNTHIA M. INGRAHAM, PRESIDENT

\_\_\_\_\_  
Typed or printed name of signee

18 JUL 26 PM 6:24