118000208101

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D. BRUCE

COVER LETTER

		istration Sec sion of Corp				
SUBJEC		PALACIOS	QUEEN, LLC			
NOBJEX.	- -					
The encl	osed	Articles of A	smendment and fee(s) are sub	omitted for filing.		
Please re	tum	all correspon	idence concerning this matter	to the following:		
			MONICA PALACIOS			
Name of Person						
Firm/Company						
5251 SW 4 STREET						
			PLANTATION, FL 3331	Address ANTATION, FL 33317		
	City/State and Zip Code Jerseygirl11168@gmail.com E-mail address: (to be used for future annual report notification)					
For furthe	er int	formation co	ncerning this matter, please c		2019 JAN -	-
MONICA	A PA	LACIOS		571 355-5209	#목 📅	
		Name of	Person	Area Code Daytime Telephone Number	PH 1: 03	
Enclosed	is a	check for the	following amount:		<u> </u>	
□ \$25,0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	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

PALACIOS QUEEN, LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited I Florida document number L18000208101	iability Company	were filed on 08/30/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi		C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	5251 SW 4 Street	
ter new principal offices address, if appl <u>incipal office address MUST BE A STRE</u>	ET ADDRESS)	Plantation, FL 33317	
			No. 22
Enter new mailing address, if applicable:		5251 SW 4 Street	
(Mailing address MAY BE A POST OFFICE BOX)		Plantation, FL 33317	2 M
			
			C ₃
B. If amending the registered agent and			
registered agent and/or the new registered of	mice address her	<u>e</u> :	
Name of New Registered Agent:			
New Registered Office Address:	5251 SW 4 St	treet	
		Enter Florida street addre	*S.2.
	Plantation	, F)	lorida <u>33317</u>
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Monica Palacios	1911 NW 166 Street	
			Add
		Opa Locka, FL 33054	
			■ Remove
			Change
AMBR	Monica Palacios	5251 SW 4 Street	
		Plantation, FL 33317	
			□ Remove
			Change
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Effective date, if other than the date				ptional)	
f an effective date is listed, the date must be sp Note: If the date inserted in this block do locument's effective date on the Departn	es not meet the ap	oplicable statutory			
e record specifies a delayed effe The 90th day after the record is		t not an effecti	ve time, at 12:0	1 a.m. on the	e earlier d
Oated <u>09/10/2018</u> Manua Galae Signal	<u>.</u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00