Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : 120080000067

Account Name : VCORP SERVICES, LLC

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1131 QUEEN STREET N LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1131 Queen Street N LLC		
(Name of the Limited L. (A. F.	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000210485	lity Company were filed on 09/05/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
1131 Queen St N LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable	e;	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
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:	<u> </u>
		. 39
Name of New Registered Agent:		16-
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	C-9
-	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

(FAX)845 818 3588 P.003/004

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
<u>_</u>			D Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			Change
			D Remove
			Change
			D Add
			Remove
			Change

Effective date, if other than the date of filing: fam 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 605.020 Mote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member Teylor Brugna	• •	tion, enter change(s) here: (Attach additional she	
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	Taylor Brugna		

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Filing Fee: \$25.00