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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Sect Division of Corpo					
SUBJECT: Per	Sigs Que Name of Limit	ed Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.			
Please return all correspond	lence concerning this matter to	o the following:			
	Vash+;	L Dean Name of Person			
		Queen L1 Firm/Company	<u>, C</u>		
	1370 <u></u>	Address	jo Dr.		
Melboure, FLA 32904  City/State and Zip Code					
	Se/masail E-mail addresse (to	obe used for future annual re	eport notification)		
For further information con	cerning this matter, please cal	n:			
Se/ma Name of P	erson	at ( <u>32</u> ) Area Code	978-13 Daytime Telepho	one Number	
Enclosed is a check for the	following amount:			,	
1525.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo		\$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 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

Persias Queen (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	irch 13, 2019 and assigned			
Florida document number <u>L j 9 00 00 7 12 41</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Perzia's Queen, The new name must be distinguishable and contain the words Limited Liabi	LLC				
The new name must be distinguishable and contain the words. Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	NA	·			
(Principal office address MUST BE A STREET ADDRESS)					
		588			
Enter new mailing address, if applicable:	.).4-	mc <u>₽</u>			
(Mailing address MAY BE A POST OFFICE BOX)	70	081 <del> </del>			
· · · · · · · · · · · · · · · · · · ·		102 102			
D 16		J			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	as, enter the name of the new registere			
·					
Name of New Registered Agent:					
, D. ( ) ( ) ( ) ( ) ( )					
New Registered Office Address:	Enter Florida st	rect address			
	City	Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my oprovided for in Chap	luties, and I am familiar with and			

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
	<u> </u>		□Add
			□Remove
			□ Change
	*****	<del></del>	□Add
			□Remove
			□Add
		·	DAdd  ALL ALL DRemove  ALL ALL DRemove  ASSEE
			Tr: Change
			Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change

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

Signature of a member or authorized representative of a member

Filing Fee: \$25.00