L19 0000 98141

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COVER LETTER

TO: Registration S Division of Co					
	JE SOLUTIONS, LLC				
SUBJECT:	Name of Lir	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	Nestor David Santiago				
		Name of Person			
	POWERQUEUE SOLUT	TONS, LLC			
	 	Firm/Company			
6138 Native Woods Dr.					
		Address			
	Tampa, FL 33625				
	-	City/State and Zip Code			
	nestor.david@powerqueue				
	E-mail address:	(to be used for future annual report notif	ication)		
For further information (concerning this matter, please of	all:			
Nestor David		813 362-4077			
Name o	of Person		Telephone Number		
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITQUEUE SOLUTIONS, LLC				
(Name of the Limited L. (A F	iability Compa Iorida Limited I	ny as it now appears on our recor liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liabil Torida document number L19000098141	ity Company	were filed on 04/09/2019	and assigned	
	·			
his amendment is submitted to amend the followir	1g:			
a. If amending name, enter the new name of the	limited liab	ility company here:		
POWERQUEUE SOLUTIONS, LLC				
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		6138 Native Woods Dr.	3 ³ €	
Principal office address MUST BE A STREET ADDRESS)		Tampa, Fl 33625		
			- -	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				
				
2	_			
				
3. If amending the registered agent and/or in egistered agent and/or the new registered office	• • •		ls, enter the name of the	
Name of New Registered Agent:				
New Registered Office Address: 6	138 Native W	oods Dr.	. <u> </u>	
		Enter Florida street addre	755	
Т	ampa	, Florida 33625		
_		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
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e record specifies a delayed effect The 90th day after the record is f	ave date, but r îled.	iot an errecu	ve time, at 12.	01 a.iii. 0ii	the e	arner
Dated		·				

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Filing Fee: \$25.00