L19000105315

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COVER LETTER

FO: Registration Section Division of Corporations		
	1 Collection LLC.	
,	Name of Limited Liability Company	
The enclosed Articles of Amendment and fed	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Mariah Monto	omery
	TQueen Collection	n LLC
	7900 NN 27A	VC Studio 8
	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	33147
E-ma	21100 poir of GMa ail address: (to be used for future annual report notif	ed com
For further information concerning this matte	er, please call:	
Marigh Mont	499- Area Code Daytim	- 7788 e Telephone Number
Enclosed is a check for the following amoun	it:	
\$25.00 Filing Fee		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327

Tailahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

+ 7818 -- 2 811

	11201107 CCC Fill:56	
(A Florida Limited	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000105315</u> .	ny were filed on $\frac{4/17/7019}{}$ and assigned	i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7900 NW 27 AVE	
(Principal office address MUST BE A STREET ADDRESS)	7900 NW 27 AVE STudio 8 Marmi, F1 33147	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same as above	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ee address on our records, <u>enter the name of the new reg</u>	<u>isterec</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
· · · · · · · · · · · · · · · · · · ·	City Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:	

TO

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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address 1.15 11.11.56	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			🗆 Add
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			Change

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fective dat	e, if other than the d te is listed, the date must b	ate of filing:			(optional)	
o <u>te:</u> If the d	te is listed, the date must be ate inserted in this block fective date on the Dep	ck does not meet tl	ne applicable sta	of filing or more than t tutory filing require	00 days after filing.) P ements, this date wi	ursuant to 605.02 Il not be listed :
ecord specifics filed.	ies a delayed effective	date, but not an ef	fective time, at	2:01 a.m. on the ea	arlier of: (b) The S	Oth day after th
ited	9/3/202	<u>v</u> ,//	/A			
		1	1/1		abar	
	S	ignature of a member	er or authorized re	presentative of a mer	iloci	

Filing Fee: \$25.00

Detail by Entity Name

Florida Limited Liability Company **IQUEEN COLLECTION LLC**

Filing Information

Document Number

L19000105315

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FEI/EIN Number

83-4601049 04/17/2019

Date Filed State

FL

Status

ACTIVE

Principal Address

27455 S Dixie Highway HOMESTEAD, FL 33032

Changed: 06/22/2020

Mailing Address -

27455 S Dixie Highway HOMESTEAD, FL 33032

Changed: 06/22/2020

Registered Agent Name & Address

Montgomery, Mariah, Ambr 27455 S Dixie Highway Homestead, FL33932

Name Changed: 06/22/2020

Address Changed: 06/22/2020 Authorized Person(s) Detail

Name & Address

Title AMBR

MONTGOMERY, MARIAH

27455 S. Dixie Highway

HOMESTEAD, FL 33032

Annual Reports

Report Year

2020

Filed Date 06/22/2020 chorge Address
7900 NW 27 Ave
STudio 8
Mami, F/ 33147

Chonge Address To > 7900 NW 27 AVE. > Studio 8 Mami 1 Fl 33147

Document Images

06/22/2020 - ANNUAL REPORT

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04/17/2019 - Florida Limited Liability

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