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	gistration Sec ision of Corp			,	
end inch.		NS OF FLORIDA, LLC	, a		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of z	Amendment and fee(s) are sub	mitted for filing.		,
Please return	all correspor	ndence concerning this matter	to the following:		
		DEENA V. TYLER			
		THE QUEENS OF FLORI	Name of Person DA, LLC.		
		405 COUNTRY LINE RO	Firm/Company AD		
					· ·
		HAINES CITY, FLORIDA	Address A 33844		
		QUEENSOFFLORIDALLO	City/State and Zip Code [@GMAIL.COM		
		E-mail address; ()	to be used for future annual r	eport notification)	
For further in	iformation ec	oncerning this matter, please ca	ill:		1
DEENA V.	TYLER		863 326 at ()	-3084	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	e following amount:			
© \$25,00 F ₩4,000 ₩4,000	Ord-a	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Registra Divisio P.O. Bo	NG ADDRESS: tion Section to of Corporations to 6327 (see, FL 32314	Registration Division of Clifton Bu	/COURIER ADI on Section of Corporations uilding cutive Center Cire	

Tallahassee, FL 32301

TO:

TO ARTICLES OF ORGANIZATION OF

THE QUEENS OF FLORIDA, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 07/01/2019 Florida document number L19000171267	and
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abl	previation
Enter new principal offices address, if applicable:	1
Principal office address MUST BE A STREET ADDRESS)	19 SE
	33
	25
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	, K
3. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the nam
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
Civ	Zip Cod
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agrorovisions of all statutes relative to the proper and complete performance of my duties, and I am forecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or speing filed to merely reflect a change in the registered office address. I hereby confirm that the limpost that the limpost has been notified in writing of this change.	amiliar w if this do

Page 1 of 3

If Changing Registered Agent. Signature of New Registered As

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Typ
MGR	FAYREONA HARVEY name change to FAY REONA GRAYES		
		2120 BRETTON RIDGE BLVD WINTER HAVEN, FL 33884	
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			R
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or removed from our records:

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Iffactive date if other than t	andata of filings	(antional)	
Effective date, if other than to fan effective date is listed, the date is	nust be specific and cannot be prior to da	(optional) ate of filing or more than 90 days after filing.) Pursu	ant to
Note: If the date inserted in this	block does not meet the applicable	statutory filing requirements, this date will n	
document's effective date on the	Department of State's records.	:	: !
		n effective time, at 12:01 a.m. on th	ļe ea
The 90th day after the re	ecord is filed.	,	ļ
CENTRAL SPETEMBER IS			
SPÉTEMBER 18 Dated	2019		i.
	Jean Villey		
	Signature of a member or authorized	d representative of a member	
	<u>_</u>		
	Typed or printed na	cilen	1
	Typed or printed na	me of signee	•
	_		

Page 3 of 3

Filing Fee: \$25.00