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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Hustle Que	en Apparel LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Kimberly Worthy		
		Name of Person	
	Hustle Queen	append LC	<u>-</u>
	7390 Shell	Ridge Tele	
	lake Worth	City/State and Zip Code	
	info @ Mustle-	aueen.con \ Id be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Kimberly Worthy		561 270-9037	
Name (of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Cer (Ted Copy fadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	etion
Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee		The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hustle Queen Apparel LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
lorida document number L19000186970	·	
his amendment is submitted to amend the followin	g:	
. If amending name, enter the new name of the		2020 2020
ne new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	ihe abbrevellon "L.L.C."
nter new principal offices address, if applicable	:	25
Principal office address MUST BE A STREET AI	DDRESS)	eg.orati
		7 2
		1110
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
 If amending the registered agent and/or regist gent and/or the new registered office address he 	·	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Kimberly Worthy	7390 Shell Ridge Ter	■Add
		Lake Worth, FL 33467	□Remove
			T:Change
			□Remove
			□Change
			2020 FEB
		···	Remove
			PH Change 20 Add
			□Remove
			□Change
 -			
			□Remove
			□Change
			□Add
			□Remove
			_

ffective date, if other than the date of filing:	
ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursus ofter: If the date insisted in this block does not meet the applicable statutory filing requirements, this date will no occument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d is filed.	
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February 13 2020	
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Pated reddary 13	
JIMIN // WIT	
Signature of a member or authorized representative of a member	