## L19000243458

(Requestor's Name)
(Address)
( dansa,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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## **COVER LETTER**

TO: Registration Section Division of Corpo				
SUBJECT: CY	Name of Lim	ited Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Chasid	Poman Name of Person		
		Firm/Company	·····	
	1D711 S.C	W. 149 Terr Address		
	Micr	Yi FL 33176 City/State and Zip Code		20 00
	roseHast E-mail address: (	ravelo yahoo. Com	cation)	76 00T 13
For further information con-	cerning this matter, please ca	all:		1347 1347 1508 1808 1808 1808 1808 1808 1808 1808
Chasidy Name of P	Roman	at ( <u>786)</u> <u>572</u> Area Code Daytime	-5718 Telephone Number	CKT CRATIONS CHIERRATIONS
Enclosed is a check for the	following amount:			
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of Standard Copy (additional copy is e	tatus &
Mailing Address:	ation	Street Address:	tion	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

	OF		****
(Name of the Limited Liability (A Florida Liability)  The Articles of Organization for this Limited Liability Confided document number	Company as it now appears on of imited Liability Company)  mpany were filed on 09 2	our records.)	VISIGN OF STATE OF ST
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite  The new name must be distinguishable and contain the words "Limite"	Hello	Queen!	TC revisition "I. I. C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	reet address	<del>_</del>
		, Florida	
	City		Zip Code

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 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 ompany 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Rosetta Thomas	10711 S.W. 149 Terr	
		Miami, FL 33176	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			□Change
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			□Remove
			Change
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			□Remove
			□Change
			□Add
			Remove
			Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe <u>Note:</u> - I	ce date, if other than the date of filing:
record d is file	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 d.
Dated _	October 7 , 2020.
	Charden Roman Signature of a member or authorized representative of a member
	Chasidy Roman Typed or printed name of signee