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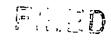
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: QUELY TIMES DESIGNS By PRI LLC Name of Emited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
April Hart Name of Person
Firm/Company
252 Timberlary Russ
Talla Masser / Floricia / 32312 City/State and Zip Code
Bosswenterses C. Unio. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
April Hart at (850) 331-0501 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee
Mailing Address:  Registration Section  Street Address:  Registration Section

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



2022 APR 13 AM 8: 44 ch 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 D1 24 2020 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: QUEEN TEOSSES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." North Moneue Struct #1242 Enter new principal offices address, if applicable: Callahassel, Florida 30303 (Principal office address MUST BE A STREET ADDRESS) 2241 North Monroe Street #1342 Enter new mailing address, if applicable: Tallahassee, Floerag 32303 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_\_ City

## 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 Title <u>Name</u> Address Type of Action \_\_\_\_\_ □Remove \_\_\_\_\_ Remove \_\_\_\_\_DAdd \_\_\_\_\_ Remove \_\_\_\_\_\_ □Change \_\_\_\_\_\_□Add \_\_\_\_\_ □Add □Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □ Change

, pramei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> [	re date, if other than the date of filing:
the record cord is tile	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 _	Signature of a member of authority representative of a member
	April Hart. Typed or printed name of signee