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APR 30 2000

COVER LETTER

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Registration Section Division of Corporations

TO:

suвјест: <u>Раран</u>	AZZÍ ACCESSOF Name of Lim	ited Liability Company	<u>CDetail</u> , uc
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Lucinda		
	Luparazzi Acce.	SSOMES QUEEN/BASIC	Detail Le
	1625 Redfix	7. DF, Address	. <u>. </u>
	Kissimmee, p	L 34759 City/State and Zip Code	
	PUPUVEZZI QUEL E-mail address: (Blingby// a gma to be used for tenure annual report noti	(1. Comptication)
For further information co	oncerning this matter, please ca	all:	
Lucinda y	or Ker Person	at (<u>\$63</u>) <u>236-</u> Area Code Daytim	H459 e Telephone Number
Enclosed is a check for th	e following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Se	
Division of Co P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Puparazzi Accessories Queen Br (Name of the Limited Liability Company (A Florida Limited Liab	95'C Detail CCC as it now appears on our records.) onliny Company)		_
The Articles of Organization for this Limited Liability Company we Florida document number 2000084560 .	ere filed on <u>MarCh 18</u>	<u>{ 2020</u> and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Deaufiful Accessories By Queen The new name must be distinguishable and contain the words Limited Liability	Lucinda 1LC	the abbreviation	n"LLC"
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		20 20	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	APR 29 AM 9: 38	, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, <u>enter the</u>	e name of the	new registered
Name of New Registered Agent:	AIN		
New Registered Office Address:	N A Enter Florida street address		

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

N/A Florida N/A Zip Code

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
MGR	Glen Mitchell JR.	1625 Redfin Dr.	\$\int \Add
		Kissimme, Fl.	Remove
		34759	☐Change
AMBL	Agrita Reid	1625 Redfin Dr.	, ½ ′^dd
		Kissimmee, PC.	□ Remove
		<u> 34759</u>	□ Change
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ective date, if other than the date of filing: tere if the date is listed, the date must be specific and of tere. If the date inserted in this block does not me turnent's effective date on the Department of Sta	annot be prior to e et the applicabl	date of filing or mo	e than 90 days after	r filing.) Pursu	
cord specifies a delayed effective date, but not a s filed.					day after the
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Sucinda Yorker Sygnature of a mo	ember or authoriz	ed representative of	f a member		