## L20000119511

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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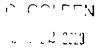
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2020 ETT 22 PH 4:36



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Queen Diamon Couture LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shawntavia King Name of Person Firm/Company 2476 NW 68 St. Address Miami, Fl. 33147 City/State and Zip Code Diamonddutch85@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shawntavia King Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN DIAMON COUTURE LLC

2020 HTT 22 PN 4: 36

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

· ·	M . 2 2020	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L20000119511	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
QUEEN DIAMOND COUTURE LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r)	
	. Flor	ida

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
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n eff o <u>te:</u>	ive date, if other than the date of filing:
ecor is fi	d 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
ited	
	Signature of a member or authorized/representative of a member
	Shawntavia King

E2111 E3 MARIAN