LZ0 000135640

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(0	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(B	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Queen Me Southons LLC 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:
himesta Wyns Name of Person
Firm/Company
6300 North Wickham Rd. Suite 130
Nelbourne FL. 32940 City/State and Zip Code
Queennesalutions @ Omail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
hirnesha Wyns at (800 302-1015 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

The Articles of Organization for this Limited Liability Company were filed on 519 accompand and assigned Florida document number ______.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Suite 130

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 addr	ess
	, F	FloridaZip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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- -	New business email address is a Queenmesolutions egmail com
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(If an effe Note:	re date, if other than the date of filing:
ne record ord 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 ed.
Dated _	CHIBER D. 2020. Lirus Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Nimesha UJJOS