L20000169108

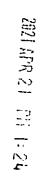
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COVER LETTER

Registration Section Division of Corporations

TO:

Big Tree V	Vholesale	,	
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return ail corresp	ondence concerning this matter	to the following:	
	Geramy Polydore		
		Name of Person	
	-	Firm/Company	
	7900 Baymeadows Circle	·	
		Address	100 - 1
	Jacksonville, FL 32256		
	geramypolydore@gmail.co	City/State and Zip Code n	<u> </u>
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Geramy Polydore		850 512-7441 at (
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Tree Wholesale, L. L.		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L20000169108</u>		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Bearded Queen, L. L. C.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	:	<u> </u>
<u>Principal office address MUST BE A STREET Al</u>	DDRESS)	N R)
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the nan</u> re:	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
_	City	Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			☐ Change
			□Add
			Remove
			—☐Change
		<u> </u>	
			Remove
			□Add
			Remove
		·	☐Change
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ective date, if other than	the date of films			(option:	al)	
effective date is listed, the date	must be specific and can	not be prior to d	ate of filing or mo	e than 90 days after fil:	ing.) Pursua	int to 605.02
e: If the date inserted in that ament's effective date on the			statutory ming	requirements, this of	aic win no	n oc usica
ord specifies a delayed effi filed.	ective date, but not an e	effective time,	at 12:01 a.m. or	the earlier of: (b)	The 90th	day after th
ed April 18	. 20	021				
	000					

Typed or printed name of signee