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### **Cover** letter

Point of contact : Joshua Queen Daytime phone : 937-896-3038 Return address: 2050 Normandy heights dr Winter Haven FI 33880

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#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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QUEEN EXTERIOR SOLUTIONS 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: Joshua Queen Name of Person Firm/Company 2050 Normandy Heights Dr Address Winter Haven, FL 33880 City/State and Zip Code joshqueen@rocketmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 937 896-3038 Joshua Queen . at (\_\_\_\_\_ Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy-Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: **Registration Section** 

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

#### QUEEN EXTERIOR SOLUTIONS LLC

#### (Name of the Limited 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 01/08/2021 \_\_\_\_\_\_ and assigned Florida document number 120000172019

This amendment is submitted to amend the following:

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

Q.E.S. Services LLC

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

Enter new principal offices address, if applicable:	r\3 	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		

## B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	_, Florida Zip 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
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		Frost Proof, FL 33843	🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated 12, 19 124 (144) and Quality Signature of a member or authorized representative of a member Joshua Queen

Typed or printed name of signee