

L20000186899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: King of Queens Tax Prep Services 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:

Sheena Johnson

Name of Person

King of Queens Tax Prep Services LLC

Firm/Company

101 North Monroe Street Suite 800

Address

Tallahassee, FL 32301

City/State and Zip Code

Info@kingofqueensconsulting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheena Johnson

Name of Person

at ( 850 ) 879-1192

Area Code

Daytime 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 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

2024.11.13 11:46

King of Queens Tax Prep Services 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 07/01/2020 and assigned  
Florida document number L20000186899.

This amendment is submitted to amend the following:

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

King of Queens Consulting LLC

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:

101 North Monroe Street Suite 800

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, Florida 32301

Enter new mailing address, if applicable:

101 North Monroe Street Suite 800

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, Florida 32301

**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:

Sheena Johnson

New Registered Office Address:

101 North Monroe Street Suite 800

*Enter Florida street address*

Tallahassee

*City*

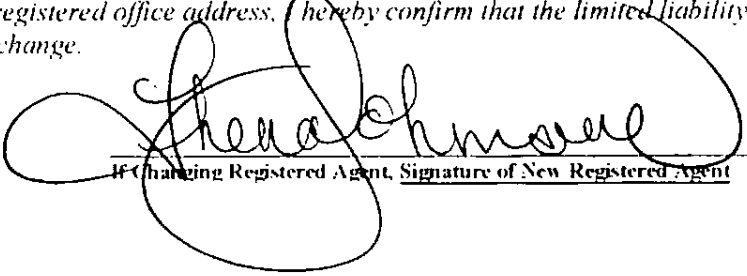
Florida

32301

*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 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**

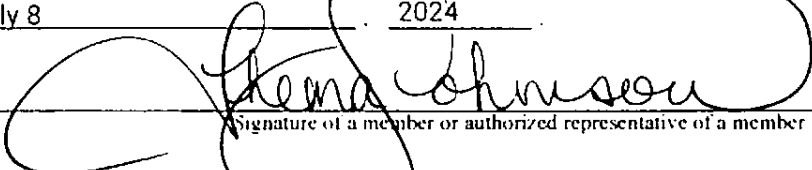
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 8 2024

uly 8 2024

  
Signature of a member or authorized representative of a member

Sheena Johnson  
Typed or printed name of signee