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COVER LETTER

TO:

	legistration Se Division of Cor			
Sub iron	QUEEN OF	SAFETY SUPPLY LLC	•	
SUBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	
		Rachael, Costly		
			Name of Person	
		QUEEN OF SAFETY SUF	PPLY LLC	
			Firm/Company	
		PO BOX 720034		
			Address	
		Houston,TX 77272		
			City/State and Zip Code	
		rcostly@queenofsafety.com		
		E-mail address: (to be used for future annual report not	ification)
For further	r information co	oncerning this matter, please co	ıll:	
Rachael, C	Costly		225 788-7048	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e 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)
	lailing Addres		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	
	O. Box 632		The Centre of	
Т	'allahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN OF SAFETY SUPPLY LLC

company has been notified in writing of this change.

2020 AU 1 25 FM 4: 30

(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 $\frac{07/17/202}{}$	and assigned
Florida document number L20000208526		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6333 Langston Ave., N	New Port Richey, Florida 34653
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
		, Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capac	ity. I further agree to comply with th

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

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>	<u>Address</u> [74] #17-25 777-4:30	Type of Action
			□ Add
			□Remove
			□Change
			□Add
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			□ Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date o	(optional)
effective date is listed, the date must be specific and cannot be prior to date o e. If the date inserted in this block does not meet the applicable stated.	I filing or more than 90 days after filing.) Pursuant to 605.02 tutory filing requirements, this date will not be listed:
ument's effective date on the Department of State's records.	and y ming requirements, and alle min not be taken
cord specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier of: th). The 90th day ofter th
i filed.	2.01 a.m. on the earner of. (b) The 90th day after th
1	
ed	
Signature of a member or authorized rep	
\mathcal{Y}	

Typed or printed name of signee