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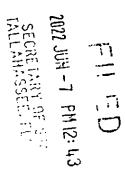
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Special Instructions to Fi	ling Officer:	
	J. HORNE	<u> </u>
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Office Use Only



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## **COVER LETTER**

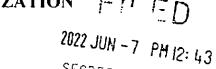
Registration Section
Division of Corporations

TO:

Elizabeth Ç SUBJECT:	)ueen Estate, LLC		
SUBJECT.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Zelena E. Thomas		
		Name of Person	
	Elizabeth Queen Estate, Ll	LC	
		Firm/Company	
	8601 NW 47 Court		
	-	Address	
	Lauderhill, FL 33351		
		City/State and Zip Code	<del></del>
	zelena.thomas22@gmail.co		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Zelena E. Thomas		954 5531956 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Coa The Centre of	rporations
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



7/27/2020

Elizabeth Queen Estate, 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 <u>#2#2020</u>	and assigned
Florida document number 1.20000221216	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Eventistry, LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>_</del>
B. If amending the registered agent and/or register agent and/or the new registered offi <u>ce address her</u> e	·	he name of the new registere
agent and of the new regionered drifte made and the	•	
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	. <u>.                                   </u>
		.,
	Flo	rida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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