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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only



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Y. SCOTT MAY 17 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Queen Rome of L	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Charine	Name of Person	<u></u>
	Firm/Company	7.023
2248 Whi	te Pire Circle Address	702311AR 30
Greenane	City/State and Zip Code	PH 2: 2
Chocket lecter E-mail address	:: (to be used for future annual report notifi	0
For further information concerning this matter, please	call:	
Charce Terring Name of Person	at (50) Daytime	-5939 Telephone Number
Enclosed is a check for the following amount:		
☐ \$25.00 Filing Fee	☐ \$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	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(A Flori	da Limited Liability Company)	ecorus.)
The Articles of Organization for this Limited Liability	Company were filed on	## 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2N
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.T.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	PH 2: 27
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	ddress
		. Florida
	City	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

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00