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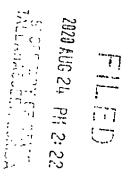
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 30594 Queen Contour 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:
E'Shanti Joseph Name of Person
Sassy Over Contar LLE 3
3960 Son another told
Lantana H 33462 City/State and Zip Code
Sassy Over Con tour annual report notification)
For further information concerning this matter, please call:
Short Joseph at Sul 275-8038 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S25.00 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

Name of the Limited Lie		ers on our records)	
(A Fig.	ability Company as it now appeorida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on _	Aug 10 2020	and assigned
Florida document number <u>L 2 0006 2</u> 2		J	
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company	<u>herc</u> :	
FOR SAYU DIREN COUL	ure LLC.		
The new name must be distinguishable and contain the words			
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET AL	DRESS)	<u> </u>	2
	address MUST BE A STREET ADDRESS)		
		1. n	7. C
Enter new mailing address, if applicable:		출음	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	7	
B. If amending the registered agent and/or registe	ered office address on our	records, enter the nam	e of the new registered
agent and/or the new registered office address her	<u>:e</u> :		
N			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
		, 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>Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			Remove Change Ch
			P □Add
			D □Add N □ Remove
			Remove
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rective date, if other than the date of filing:	able statutory filing	re than 90 days after filir	rg.) Pursuant to	605.02 listed
ecord specifies a delayed effective date, but not an effective ti is filed.	me, at 12:01 a.m. o	n the earlier of: (b)	Γhe 90th day :	after th
red Aug 20 , Zoze	<u>) </u>			
$\wp'(A) = \wp(A) + \wp(A)$				
Signature of a member of author	orized representative	of a member		-