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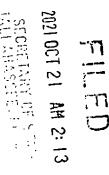
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartificat Carries Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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v.
JORNAL OI
7.40 1 July
J. HORNE
/Ao

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COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: Decree a	and Declare LLC		
3013DC1.		nited Liability Company	
	amendment and fee(s) are sub	_	
		Elvita Charles	
Name of Person			
	De	ecree and Declare L	LC
		Firm/Company	
	656	Glades Circle Apt	#102
		Address	
	Alta	monte Springs, Fl 3	2714
		City/State and Zip Code	
		andeclareit@gmail.c	
For further information con	ncerning this matter, please c	all:	
Elvita Charles		at (786 \	910-9999
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	Certificate of Status &
Mailing Address: Registration Se		Street A	Idress: ation Section
Division of Co	rporations	Divisio	n of Corporations
P.O. Box 6327 Tallahassee, Fl			ntre of Tallahassee . Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 21 AM 2: 14

Slay Queen Fashions LLC	SECONITION OF A
(Name of the Limited Liabi) (A Florid	lity Company as it now appears on our records. SECRE IMRY OF STATE da Limited Liability Company)
The Articles of Organization for this Limited Liability (lorida document number <u>L21000028976</u>	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the lin	nited liability company here:
Decree and Declare LLC	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	PRESS)
Inter new mailing address, if applicable:	656 Glades Circle Apt #102
Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs, Fl 32714
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	656 Glades Circle Apt #102
	Enter Florida street address
	Altamonte Springs Florido 32714

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>	<u>Name</u>	<u>Address</u>	Type of Action
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		a = 	□Change
			□Add
			□Remove
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fan effed <u>Note:</u> I	ve date, if other than ctive date is listed, the date f the date inserted in th nt's effective date on th	e must be specific and its block does not r	d cannot be prior to a neet the applicabl	hate of filing or more e statutory filing ro	(option than 90 days after fil equirements, this d	ling.) Pursuant to 605.	0207 i d as t
		ective date, but not	an effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
record d is file	specifies a delayed effe d.						
record d is file Dated _	specifies a delayed effect. October 19		2021				
d is file	d.	Eluit	a Ch	ed representative of	a member		