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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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of 5/16/2012

COVER LETTER

Div	ision of Cor	porations	,	
SUBJECT:	Slay Queen	Fashions LLC		
SOBSECT.		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			Elvita Charles	
			Name of Person	
			Slay Queen Fashions LLC	
			Firm/Company	
			656 Glades Circle Apt #102	
			Address	
			Altamonte Springs, Fl 32714	
			City/State and Zip Code	
			Slayqueen19@yahoo.com	
		E-mail address: (to be used for future annual report noti	fication)
For further in	iformation co	oncerning this matter, please c	all:	
	Elvita (Charles	786 910-9999 at ()	
Name of Person		Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)

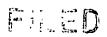
TO:

Registration Section

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



Decree and Declare LLC

2022 APR 13 PM 3: 12

(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)
he Articles of Organization for this Limited Liab		
lorida document number L21000028976		•
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liability company here:	
lay Queen Fashions LLC		
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO I. If amending the registered agent and/or registered affice address	ox) istered office address on our records,	
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO If amending the registered agent and/or reg	ox) istered office address on our records,	
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Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered and/or the new registered office address Name of New Registered Agent:	ox) distered office address on our records, here:	enter the name of the new reg

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
			□Add
			□Remove
			□ Change
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