L24 0000 55459

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PICK-UP WAIT MAIL
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(Document Number)
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21 AFR -5 FA 2: 21

COVER LETTER

TO:	Registration So Division of Cos			
CUBIE	850 Queen	of Clean		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Sherry Greene		
			Name of Person	
		850 Queen of Clean	Name of Person Firm/Company Address City/State and Zip Code nail.com Idress: (to be used for future annual report notification) lease call: 850 418-2259 at (
		. , , , , , , , , , , , , , , , , , , ,	Firm/Company	
		5613 Dove Drive		
			Address	
		Pace, FL 32571		
			City/State and Zip Code	
		850quenofclean@gmail.cor		
				cation)
For furth	her information of	concerning this matter, please c	all:	
Sherry (Greene		850 418-2259	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addre			tion
	Division of (_	

The Centre of Tailahassee

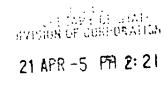
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



850 Queen of Clean				
(Name of the Limite	d Liability Compai A Florida Limited L	ny <mark>as it now appears on our</mark> iability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number L21000055459	ibility Company	were filed on <u>02/01/202</u>	and assign	ned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or re agent and/or the new registered office address	.,	ddress on our records.	enter the name of the new r	<u>egişter</u>
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	t 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.

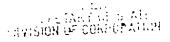
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

21 APR -5 PR 2: 21

Change

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Sherry Greene	5613 Dove Drive Pace, Fl 32571	= Add
			□Remove
			□Change
		 	□Add
			ПRелюче
			☐ Change
			□Add
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
	18100		□Add
			□Remove



				
				
ective date, if other than the did effective date is listed, the date must be tell If the date inserted in this block tument's effective date on the Dep	be specific and cannot be prior to the does not meet the application.	to date of filing or more tha	(optional) in 90 days after filing.) Pursu tirements, this date will n	uant to 605.02 tot be listed
cord specifies a delayed effective s filed.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	i day after ti
ed April 02	2021			
\mathcal{A}	ignature of a member or autho	Shu	my Green	<u> </u>
S	ignature of a member or autho	nized representative of a n	ernoen.	