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T. MATTHEWS

FEB - 4 2022

## COVER LETTER

TO: Registration Se Division of Cor			
	E QUEENS PLANNING LLC		, •
SUBJECT:	Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Krystal Echeverry		
		Name of Person	
		Firm/Company	
	5310 Windsor Lake Circle	,	
		Address	
	Sanford, FL 32773		
	Kecheverry24@gmail.com	City/State and Zip Code	
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report to	otification)
Krystal Echeverry	The state of the s	561 305-0907	
Name o	f Person	at ()	ine Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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)
Mailing Address Registration		Street Address: Registration S	Section
Division of C P.O. Box 632		Division of Co The Centre of	orporations
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KREATIVE OUEENS PLANNING LLC

22 Jan 23 PH 12: 34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/02/2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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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neffective date is li te: If the date in	sted, the date mu serted in this b		innot be prior et the applic	able statutor			.) Pursuant to 605.020 will not be listed a
cord specifies a s s filed.	delayed effectiv	ve date, but not a	i effective t	ime. at 12:01	a.m. on the ear	lier of: (b) Th	ne 90th day after the
January 14 ed		·	2022	<u> </u>			
	K	Signature of a me	mber or auth	orized represe	mative of a men	) }er	
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