## 121000251771

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: Her Ma Jesty's Property Management.	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kayondra D. Smith  Name of Person  Her Myesty's Property LLC  Firm/Company	
1515 E. Silver Opnings Blvd ST.	e 101
Ovela, FL 34470  City/State and Zip Code	
E-mail address: (to be used for future annual apport notification)	COM
For further information concerning this matter, please call:	
Kayunda Daytime Telephone Number  at 352 817-2739  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Her Malesty's Property Wand Ment 11 JUN 21 PM 2: 26

(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	e filed on JUNE 1 2021 and assigned
Florida document number 121000251771	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
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 "L.L.C" or the abbreviation "L.L.C."  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:	
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 addragent and/or the new registered office address here:	ess on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	- v

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

TARE MISTARE AMBR = Authorized Member Address 21 JUH 21 PM 2: 26 Type of Action Title <u>Name</u> 21000 SWI 10th ST # QUT BANG OCala, FL 34471 MGR Kayandra SMHH □ Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change Remove □Add \_\_\_\_ □ Add □ Remove □Remove \_\_\_\_\_ □Change

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ord specifies a delay filed.	yed effective date, but not	t an effective time	e, at 12:01 a.m. on th	he carlier of: (l	b) The 90th day aft	ter th
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