121000428282

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Lasculla Williams
Special Instructions to Filing Officer:
title to AMLL
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THE CONTRACT OF STATE SECRETARY OF STATE

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FEB 0 1 2022 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Country Queen Cleaning LLC. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
LaGaglia Williams Name of Person	
Country Queen Cleaning LLC.	
19 Old Landfill Road	
Defuniak Springs FL 32433 City/State and Zip Code Again in williams 60 yahro.com E-mail address: (to be used for future grunual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	íT.
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 JAN 20 AM 10: 23

SECRETARY OF STATE TACLAHASSEE, FL

November 24, 2021

LAGAYLIA WILLIAMS 19 OLD LANDFILL ROAD DEFUNIAK SPRINGS, FL 32433

SUBJECT: COUNTRY QUEEN CLEANING, LLC

Ref. Number: L21000428282

We have received your document for COUNTRY QUEEN CLEANING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety as you failed to sign the form and list the name of the manager/member to be removed.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. Youmay wish to revise your document to include the name, address, and titleof such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00028531

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Country Queon Cla	anine //
(Name of the Limited Liability Compan (A Florida Limited Li	ny as if now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number	- J. 1 2021
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liability	ty 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)	PARK OF SEE STATE
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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 Address 1992 Lewis Turner Blot Type of Action Suite 1067 PMB 2018
Fort Walton Beach, FL33547 Add 1. Name__ <u>Title</u> □Remove Labay Lia Williams
19 Old Landfill Road
The Crimiak Springs, FL 32433 Bremove □Change \square Add _____ □Remove _ □Change \square Add □Remove ____ □Change \square Add □Remove □ Change \Box Add □Remove

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ective date, if other than a effective date is listed, the date te: If the date inserted in this current's effective date on the	must be specific and cannot be s block does not meet the ap	pplicable statutory fili		g.) Pursuant to 605.0207
cord specifies a delayed effers	ctive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b) 7	The 90th day after the
10 01	12-3-21			
ted <u> </u>	1/2/1/1			
J. a.N.	Signature of a member or	authorized representativ	e of a member	<u> </u>
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