

K22C00 103346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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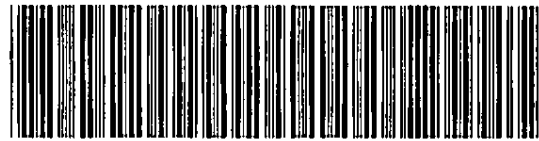
(Business Entity Name)

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2022 JUN 10 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
AUG 26 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: QUEENNSSLAYY LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICKA MATHIEU

\_\_\_\_\_  
Name of Person

QUEENNSSLAYY LLC

\_\_\_\_\_  
Firm/Company

6484 SEA WOLF CT B1

\_\_\_\_\_  
Address

NAPLES, FL 34112

\_\_\_\_\_  
City/State and Zip Code

CRENTERPRISESSOLUTIONS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONICKA MATHIEU

786

710-5020

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

SECRET

2022 JUN 10 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Monicka M  
Signature of a member or authorized representative of a member

Typed or printed name of signee