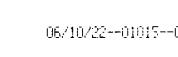
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Office Use Only





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## . COVER LETTER

Registration Section

TO:

Division of Co	rporations		
QUEENNS	SSLAYY LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MONICKA MATHIEU		
		Name of Person	<del></del>
	QUEENNSSLAYY LLC		
		Firm/Company	
	6484 SEA WOLF CT B1		
	<del></del>	Address	
	NAPLES, FL 34112		
	<u> </u>	City/State and Zip Code	<del></del>
	CRENTERPRISESSOLUT	IONS@GMAIL.COM	
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please co	all:	
MONICKA MATHIEU		786 710-5020	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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 Addre		Street Address:	
Registration Division of 0		Registration S Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022. IUH 10 PH 12: 43 QUEENNSSLAYY LLC (Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) IALL A assigned FL The Articles of Organization for this Limited Liability Company were filed on 02/28/2022 Florida document number L22000103346 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 "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: 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.

City

\_, Florida \_\_

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>	<u>Name</u>	Address	Type of Action
MGR	MATHIEU, MONICKA	6484 SEA WOLF CT B1	■Add
		NAPLES FL, FL 34112	□Remove
			□Add
			Remove
			□Change
			□ Remove
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fective date, if other than n effective date is listed, the date ste: If the date inserted in this current's effective date on the	must be specific and c s block does not me	annot be prior to cet the applicab	date of filing or mor le statutory filing	(option than 90 days after for equirements, this	iling.) Pursuant to 605.020
ecord specifies a delayed effe is filed.	ctive date, but not a	n effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
ted MAY 06		2022			
	MCKa-1	M	. •		
	/				
	Signature of a m	ember or authori	zed representative o	f a member	