

L220000279750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

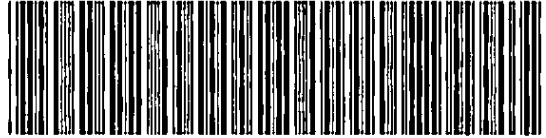
(Document Number)

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22 SEP 12 AM 8:30
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations
QUEENTILE US LLC

SUBJECT: _____
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:

ANNA DEMYDENKO

Name of Person

QUEENTILE US LLC

Firm/Company

2614 Big Pine Dr.

Address

Holiday, FL 34691

City/State and Zip Code

annadiemidienko@gmail.com

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

For further information concerning this matter, please call:

ANNA DEMYDENKO

813 420-6748

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

22 SEP 12 AM 8:30

DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

QUEENTILE US LLC

(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 06/20/2022 and assigned
Florida document number 1.22000279750.

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)

2614 Big Pine Dr.

Holiday, FL 34691

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2614 Big Pine Dr.

Holiday, FL 34691

22 SEP 12 AM 8:30

Division of Corporations
and Statewide
Financial Institutions

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: SVITLANA DEMYDENKO

New Registered Office Address: 2614 Big Pine Dr.

Enter Florida street address

Holiday

Florida

34691

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SVITLANA DEMYDENKO	2614 Big Pine Dr.	<input checked="" type="checkbox"/> Add
		Holiday, FL 34691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNA DEMYDENKO	2614 Big Pine Dr.	<input type="checkbox"/> Add
		Holiday, FL 34691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SERGI DEMYDENKO	2614 Big Pine Dr.	<input type="checkbox"/> Add
		Holiday, FL 34691	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ILLIA ANTONENKO	5145 South Dale Mary Highway	<input type="checkbox"/> Add
		Tampa, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VIKTOR ANTONENKO	5145 South Dale Mary Highway	<input type="checkbox"/> Add
		Tampa, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SVILTANA ANTONENKO	5145 South Dale Mary Highway	<input type="checkbox"/> Add
		Tampa, FL 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 1 3 AM '83
DIVISION OF CORRECTIONS
TAMPA, FLORIDA

22 SEP 12 AM 8:30

22 SEP 12 AM 8:30

(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.

Dated _____

Typed or printed name of signee