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SECRETARY OF STAFE DIVISION OF CORPORATIONS ON 2: 32

Y. SCOTT SEP 1 6 2023

COVER LETTER

TO: Registration Se Division of Cor		•	, ,		
QUEEN B'S	S HOLDINGS, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	BARBARA GARAY				
		Name of Person	-	2023 J	(/ ()
		Firm/Company		2023 AUG 28 PM 2: 32	25.25
	7553 W 4TH CT			S PK) () () ()
		Address		2: 32	3710
	HIALEAH, FL 33014			22	1;
	INFO@GARAYHOLDING	City/State and Zip Code			
	~	to be used for future annual report not	fication)		
For further information of	oncerning this matter, please ca	all:			
BARBARA GARAY		786 762-5991 at ()			
Name o	of Person	Area Code Daytin	ne Telephone Number	-	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing For Certificate of Societified Copy (additional copy is	Status &	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se			
Division of C P.O. Box 632		Division of Co The Centre of			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN B'S HOLDINGS, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records d Liability Company)	7)
The Articles of Organization for this Limited Liability Compar	ny were filed on 12/16/2022	and assigned
lorida document number L22000527171		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
GARAY HOLDINGS, LLC		
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		SE DIVIS
Principal office address MUST BE A STREET ADDRESS)	. 	AL JON
		FIL OF OF
		ORP P
Inter new mailing address, if applicable:		D STA
Mailing address MAY BE A POST OFFICE BOX)		ယ္
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	·	
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	e address on our records, <u>enter t</u>	the name of the new regist
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	Name	<u>Address</u>	
			□ Add
			□Remove
			☐ Change
			□Remove
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Effective date, if other than the	date of filing	g:	<del></del>		(optional)		
f an effective date is listed, the date mus Note: If the date inserted in this bl	ock does not r	neet the applic	able statutory f	or more than 90 da iling requiremen	ys after filing.) l its, this date w	hirsuani ill not	t to 605.02 be listed
document's effective date on the De	epartment of S	state's records.					
record specifies a delayed effective	e date, but not	an effective ti	me, at 12:01 a.	m. on the earlie	of: (b) The	90th da	ay after ti
d is filed.							
Dated		2023	_				
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Filing Fee: \$25.00