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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Meen P Ventures, 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:
Paola Simmons Najjav
Queen P Ventures, Lil
1437 SW 19th Ave
FORT Lauderdale, FL 33312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paola Simmons Najjar at 540 S56-3019 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

Queen P Ve	ntures, LLC
(Name of the Limited Liability Compan (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300001177</u>	were filed on $12/27/2022$ and assigned
This amendment is submitted to amend the following:	. 7
A. If amending name, enter the new name of the limited liabil	AR I
The new name must be distinguishable and contain the words "Limited Liabili	4 A
Enter new principal offices address, if applicable:	1437 SW 19Th Ave = 17
(Principal office address MUST BE A STREET ADDRESS)	Port Lauderdale /FL= 5
Enter new mailing address, if applicable:	1437 SW 19Th Ave
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale FL 33312
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Paola	Simmons Najjar
New Registered Office Address: 1437 SW	Enter Florida street address
For Lauc	derdale, Florida 33312
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

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	
AMEDD -	Authorized Mambar	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			☐ Change
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If an effect Note: If	e date, if other than the date of filing:	.0207 ed as
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	r the
Dated	April 14,2024 Agains	
	$\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}$	
	Signature of a member or puthorized representative of a member	

Filing Fee: \$25.00