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COVER LETTER

TO:	Registration Se Division of Cor	ection pogrations	r. %	**				
CI ID II	Queen's Fir	nest LLC						
The encl Please re For furth Kelsey c		T:Name of Limited Liability Company						
		Amendment and fee(s) are sub	ū					
Please	return all correspo	ondence concerning this matter	to the following:					
		Kelsey						
			Name of Person					
		ZenBusiness Inc						
			Firm/Company					
		5511 Parkerest Dr., STE 1	03					
			Address					
		Austin, TX 78731						
		fulfillment@zenbusiness.cc	City/State and Zip Code					
			to be used for future annual report no	offication)				
For fur	ther information c	oncerning this matter, please c	all:					
Kelsey c/o ZenBusiness Inc		844 493-6249 ar ()						
	Name o	f Person	Area Code Dayti	me Telephone Number				
Enclos	ed is a check for th	ne following amount:						
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Queen's Finest LLC	
(<u>Name of the Limited Liability Company as it now appears on</u> (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/227}{1.23000394830}$.	2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Doulos Management & Consulting LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	attion "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 recor agent and/or the new registered office address here: Name of New Registered Agent:	ds, enter the panic of the new register
New Registered Office Address:	9.
Enter Florida si	reet address 500 = . Florida

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 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.

Citv

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	lock does not meet the appli	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 6 licable statutory filing requirements, this date will not be I ds.	605.0207 isted as
ne record specifies a delayed effectivord is filed.	e date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fier the
Dated September 26	2023	·	
/s/ GEORGE DOL			
/s/ GEORGE DOL		horized representative of a member	