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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	

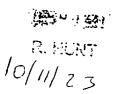
Office Use Only



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10/12/23--01003--002 **25.00

2023 OCT 11 RM 3-37 RECEIVED



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEEN CAPITAL FUNDING LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/10/2023	and assigned
Florida document number L23000465169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
QUEEN CAPITAL LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	·	202
(Principal office address MUST BE A STREET ADDRESS)		30 Section 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		- 37
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ente</u> ere:	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
- — — — — — — — — — — — — — — — — — — —	Enter Florida street address	
	. Florida	
	City , Tiorida _	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 Title Name **Address** Type of Action ☐ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Chang**2** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _____ Change _D Add ☐ Remove

__ Change

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		n		