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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: QUEENS OF Dominicon fool 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:
David Jose Lova Fuiller
Overs of Day nicen tood LLC Firm/Company
8033 ww 36th Al Cuium;
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David 505k Jara Guillun at (796) 597 - 1949 Name of Person at (796) 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 radditional copy is enclosed) Certified Copy radditional 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

	OF	Page A
(Name of the Limited L (A)	Jability Company as it now appears on our recordorida Limited Liability Company)	ds.)
(Name of the Limited L (A F The Articles of Organization for this Limited Liabil Florida document number <u>L.24000</u> 22	lity Company were filed on	جن کر and assigned کرگ
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e 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	e:	-
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter</u> ere:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		-
	Enter Florida street addres	XX
_		orida
	Cuv	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>	Address	Type of Action
MGR	David 50se Lora Guiller	9033 nw 364h	Ave DAdd
		miowi FL 33147	□Remove
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	cifies a delayed e	ffective date	, but not an ef	ffective time.	at 12:01 a.m	i, on the ea	rlier of: (b)	The 90th day a
d is filed.	, 1							
Dated O	9 13	7074	-(
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COVER LETTER

TO: Registration	0	- CELLEK	
- ve Brack Will	on Section Corporations		
	Corporations		•
SUBJECT:(DURENS UX DONAME O	Minicon fool of Limited Liability Company	LLC
The enclosed Articles	of Amendment and fee(s) are	e submitted for filing.	
an cone	spondence concerning this ma	atter to the following:	
	David	JOSE LOVA FIC	illen
	Ouxens o	Firm/Company	tood LLC
	9033 Nu	36th AVE C	Miami
	+ lwi	Ju 33147	
	Loruchilz a	City/State and Zip Code Cuuli Col (to be used for future annual report not	10
For further information c	oncerning this matter, please	(to be used for future annual report not	ification)
		at (JBC) SG 7 Area Code Daytime	- 19 49 e Telephone Number
nclosed is a check for the			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$20\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Matte			.,

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 AMENUMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears of the Limited Liability Company)	on our records.)
,		70,0
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		19. To
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	;
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ords, enter the name of the new registere
N. CN. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	i street address
		, Florida
	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

it amending Authorized reison(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>		Type of Action
MGR	David sose Lora Guiller	n <u> </u>	nw 36+h	Avé DAdd
		<u> wiowi</u>	FL 33147	Remove
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09 13	7024.			-		

Filing Fee: \$25.00