## N2400010423

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200413586962

2024 OCT -1 PH 3: 49

## COVER LETTER

TO: Amendment Section [4] Division of Corporations

NAME OF CORPORATION:		Queens of eleg	gance intern	ational #1 INC
DOCUMENT NUMBER:		70043528	88617	
The enclosed Articles of Amend	<i>lment</i> and fee are subn	nitted for filing.		
Please return all correspondence	concerning this matte	r to the following:		
		Magalie Midjin	e Louis	
		(Name of Contact Pers	son)	
	Qu	eens of Elegance in	ternagional I	≇1 INC
		(Firm/ Company)		
		1397 Corn Flow	ver Lane,	
		(Address)		
	West Palm Bead	h FLORIDA 33415		
		(City/ State and Zip C	ode)	
	mic	ljine77@yahoo.fr		
E-m	ail address: (to be used	for future annual repo	rt notification	
For further information concern	ning this matter, please	call:		
M	agalie Midjine Louis	nt.	571	574 3623
(N	ame of Contact Person	) atat	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the foll	owing amount made pa	iyable to the Florida D	epartment of	State:
□ \$35 Filing Fee □	IS43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	) Filing Fee leate of Status led Copy tronal Copy is used)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

unct .

## Articles of Amendment Articles of Incorporation of

Queens of Elegance international INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
700435288617	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the folloamendment(s) to its Articles of Incorporation:	owing
A. If amending name, enter the new name of the corporation:	
Overage Of Florence International #1 INC	e new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " "Company" or "Co." may not be used in the name	Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
(Florida street uidtress) Now Rootstorod Offico Address:	
New Registered Office Address:	

1

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John De           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<del></del>		
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add	-		
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or additional sheet	ng additional Art as. if necessarys.	icles, enter change(s) here: (Be specific)	PHOCT-1

	· · · · · · · · · · · · · · · · · · ·			
				•
				•
				-
			Z0Z4 QCT	- =======
			OT -1	
			CO 7%	ار الرابع ال
			E S	
			PH 3: 49 GF STATE SEE, FL	•
			111 👿	
The date of each amendment(s) adoption:date this document was signed.		<u> </u>	, if other	than the
Effective date if applicable:	han 90 days after ameno			
tho more to	han 90 days after amenc	lment file date)		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

Dated _	9//16/2024
Signature _	Magalie Louis
( l	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Magalie Midjine Louis
	(Typed or printed name of person signing)
	President
	(Title of person signing)

2024 OCT - 1 PM 3: 50