L08000112551

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	7
	_

Special Instructions to Filing Officer:

A. LUNT

NOV 29 2010

EXAMINER

Office Use Only



300187739003

11/24/10--01009--033 **25.00



COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: _	Life's	Puzzle LLC			
<u> -</u>	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
				Z _S 20	
		Anggie Leon			-7
		Name of Person	···	NEW 2012	
		Life's Puzzle LLC			
		0004 NE 004-0		2010 NOV 24 PH 4: 27	•
2801 NE 39th Court					
		Address			
	Ligi	nthouse Point, FL 33064			
		City/State and Zip Code			
	ango	ie@impact-window.com			
		to be used for future annual report notif	fication)		
For further information	concerning this matter, please of	eali:	• ' •		
A	Anggie Leon	at (954)	303-3004		
	of Person	Area Code & Daytim	ne Telephone Number		
Enclosed is a check for	the following amount:				
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (of Status &	

MAILING ADDRESS: Registration Section Division of Corporations .. P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	V	•		3 8	
	Life's Puz	zzle I I C		2010 NOV 24	
(Name of the Limited (A	- 	·			
(A	Florida Limited I	Liability Company)		- SSI - 24	r
The Articles of Organization for this Limited Li	ability Company	were filed on	12/09/2008	and assi	ed
Florida document numberL08000112	?551 _.			- 5 <u>8</u> .	
				LORIB) 3
This amendment is submitted to amend the follo	owing:			7	
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbre	eviation
Enter new principal offices address, if applic	2801 NE 39th C	ourt		<u>.</u>	
(Principal office address MUST BE A STREE	T ADDRESS)	Lighthouse Poin	t, FL 33064		
Futer was malling address if applicables		2801 NE 39th Co	ourt		
Enter new mailing address, if applicable:	n 010	Lighthouse Poin			
(Mailing address MAY BE A POST OFFICE I	<u>BQX)</u>	Lighthouse Folh	t, 1 L 33004		
			· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or the new registered of	_		records, enter t	he name of th	ie new
registered agent and/or the new registered or	irce addiess her	Ŀ ·			
Name of New Registered Agent:	Anggie Leo	n			
New Registered Office Address:	2801 NE 39	th Court			
		Enter 1	Florida street add	ress	
	Ligh	thouse Point	, Florida	33064	
		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 608, 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 Register Agent, Signature of New Registered Agent

Is amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

R = M: RM = 1	anager Managing Member		到
	<u>Name</u>	Address	ZOIN NO OF A
			SSE -
			Remove
			Add
			Remove
			Add
			Remove
			
<u> </u>			Add
			Remove
			Add Remove
_			Add Remove
amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary,)
			
	November 13,	2010 .	
	X (\mathcal{A}_{\sim}	
	Signature of a	member of authorized representative of a member	
	5 0	Anggie Leon	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00