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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONNECTING The Puzzle, 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:
VICTORIA SOBRINO-SANCHEZ Name of Person
CONNECTING The PUZZIE, L.L.C. Firm/Company
10942 NW 70th COURT
Parkland, FloriDA, 33076 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VICTORIA SEBIZINO-Sanchez at 954 740-2470 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

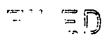
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**



CONNECTING The Puzzle	, L.L.C. 2019 SE? 11 AM 9: 01
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L09000328/7</u> .	ny were filed on April 3rd, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." 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)	10942 NW. 70 th Court Parkland. FP. 33076
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature if changing Registered Ager	

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	VICTORIA SOBEIND-SANCHE	Parkland, Florida. 33076	
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(If an el	tive date, if other than the date must be a lifetive date is listed, the date must be a lift the date inserted in this block ment's effective date on the Department.	e specific and cannot c does not meet th	e applicable statuto	ing or more than 90 day	(optional) s after filing.) Pursuant to ts, this date will not be	605.0207 (3 listed as the
	ecord specifies a delayed e e 90th day after the record		but not an effe	ctive time, at 12	:01 a.m. on the e	arlier of:
Dated	August, 28.44	2	019	~~/_	~	_
	Si	gnature of a member	r or authorized repres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00