

L14000015954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

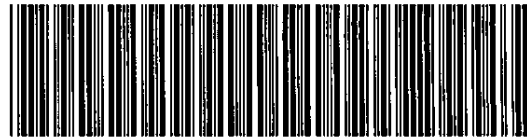
(Business Entity Name)

(Document Number)

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2016 NOV 21 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2016

PUZZLE BOX ACADEMY, LLC
PAMELA FURR
1855 W HIBISCUS BLVD.
MELBOURNE, FL 32901

SUBJECT: PUZZLE BOX ACADEMY, LLC
Ref. Number: L14000015954

RECEIVED
2016 NOV 21 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PUZZLE BOX ACADEMY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 016A00023351

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Puzzle Box Academy 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:

Pamela Furr

Name of Person

Puzzle Box Academy

Firm/Company

1855 W Hibiscus Blvd

Address

Melbourne, FL 32901

City/State and Zip Code

pam@puzzleboxacademy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Furr

321 821-4068
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

Puzzle Box Academy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/29/2014 and assigned
Florida document number L14000015954.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

James Holz

New Registered Office Address:

1855 W Hibiscus Blvd

Enter Florida street address

Melbourne

Florida 32901

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Pamela Furr	1855 W. Hibscus Blvd	<input type="checkbox"/> Add
		Melbourne, FL 32901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	James Holz	1855 W. Hibscus Blvd	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 12, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

PAMELA N FORR

Typed or printed name of signee