

LIS 0000 05792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

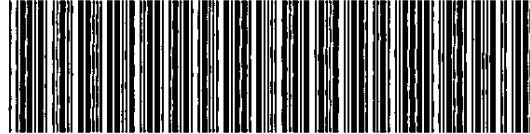
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG -2 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
AUG 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PUZZLE PRESCHOOL 2 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:

CARLOS SALCINES

Name of Person

KSDT & CO.

Firm/Company

9300 SOUTH DADELAND BLVD. STE 600

Address

MIAMI, FL 33156

City/State and Zip Code

CSALCINES@KSDT-CPA.COM

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

For further information concerning this matter, please call:

CARLOS SALCINES

Name of Person

at (305)

Area Code

670-3370

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

Page 1 of 3

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	FABIANA MARTINEZ ROBALINHO	10240 SWEET BAY ST.	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2018 AUG -24 PM 3:07
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TALLAHASSEE, FLORIDA

2018 AUG - 2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2018 AUG -2 PM 2:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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 JULY 29, 2016

Carlos Salinas

Signature of a member or authorized representative of a member

CARLOS SALCINES

Typed or printed name of signee