L15000005792

(Re	questor's Name)	
(Ad	dress)	······································
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	





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2016 AUG -2 PH 2: 87
SECRETARY OF STATE

K.SALY EXAMINER AUG 4

COVER LETTER

Division o	f Corporations	·			
SUBJECT:	PUZZLE	PRESZHOO Name of Limi	ted Liability Company	•	
The enclosed Articl	es of Amendment	and fee(s) are subi	nitted for filing.		
Please return all con	rrespondence conc	erning this matter t	to the following:		•
		CARL	Name of Person	ES	
		·K	SDT & C	o .	
	930	TO SOUTH	DADELAND R	SLUD. STE	600
			City/State and Zip Code		
		E-mail address: (1	ES@ KSDT — o be used for future annual	CPA . CON	
For further informa	tion concerning th	is matter, please ca	11:		
CAR	LOS SALC ame of Person	INES	at () Area Code	670 – 3 Daytime Telepho	370 one Number
Enclosed is a check	for the following	amount:			
\$25.00 Filing F		Filing Fee & ficate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF OF		ATION	Eli
OF	ì		LED
Donne Present			2016 AUG-2 PH 2: 07
PUZZLE PRESCHOC (Name of the Limited Liability Company)		ears on our records.	Triscon PH 2: 02
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company	y)	ALLAHASSE OF CT
The Articles of Organization for this Limited Liability Company w	vere filed on _	1/12/19	SECRETARY OF STAIR and assigned in a
Florida document number <u>LIS00005792</u> .		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	here:	·
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	e 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 offi registered agent and/or the new registered office address here:		on our records,	enter the name of the new
registered agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter F	lorida street address	
		, Flor	rida
- -	City	, F IUI	Tiua 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>	Address	Type of Action
MGR	FABIANA MARTINEZ ROBALINH	10 10240 SWEET BAY ST.	≱ Add
		PLANTATION, FL 33324	□ Remove
			☐ Change
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
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	<u> </u>	
<u>Note:</u> If t	e date, if other than the date of filing:	0207 (d as t
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	er of:
Dated	JULY 29, 2016.	
	Signature of a member or authorized representative of a member	
	•	

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Filing Fee: \$25.00