

L/6000225131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

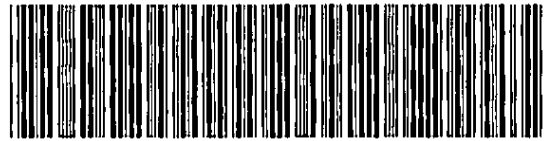
(Business Entity Name)

(Document Number)

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2018 OCT 27 PM 7:58

FILED

D. SCOTT

10/1/18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Puzzle Box Academy International,, 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, LLC

Firm/Company

125 E Nasa Blvd.,

Address

Melbourne, Florida 32901

City/State and Zip Code

pam@thepiecefits.com

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

For further information concerning this matter, please call:

Pamela Furr

321 345-0861

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
JUN 1 2006  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Puzzle Box Academy International, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/13/2016 and assigned  
Florida document number L16000225131.

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: Pamela Furr

New Registered Office Address: 125 E Nasa 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          | James Holz  |   | <input type="checkbox"/> Add               |
|              |             | 125 E Nasa Blvd.,<br>Melbourne, Florida 32901 | <input checked="" type="checkbox"/> Remove |
|              |             |   | <input type="checkbox"/> Change            |
| MGR          | Pamela Furr | 125 E Nasa Blvd.,<br>Melbourne, Florida 32901 | <input checked="" type="checkbox"/> Add    |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |
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|              |             |   | <input type="checkbox"/> Change            |
|              |             |   | <input type="checkbox"/> Add               |
|              |             |   | <input type="checkbox"/> Remove            |
|              |             |   | <input type="checkbox"/> Change            |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 9 2018.

[Signature]  
Signature of a member or authorized representative of a member

Typed or printed name of signee