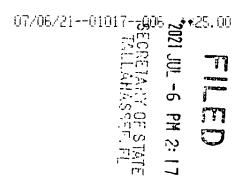
L17000039649

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

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TO: Registration S Division of Co			
	EONLINE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	「Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Hailu Jardines del Cueto		· 2
		Name of Person	
	MYPLATEONLINE LLC		
	.	Firm/Company	o n
	12539 NW 7th Lane		PH 2: 17
		Address	
	Miami, FL 33182		
	hailujc02@gmail.com	City/State and Zip Code	
		to be used for future annual report notification	on)
For further information	concerning this matter, please c	all:	
Hailu Jardines		786 925 3899	
Name	of Person		ephone 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYPLATEONLINE LLC				
(<u>Name of the Limite</u> (.	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{02/20/201}{}$	7 and assigned	
lorida document number L17000039649	.			
his amendment is submitted to amend the follow	wing:			
a. If amending name, enter the new name of	the limited liab	ility company here:		
OFFICE PUZZLE, LLC			202 SEC	
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	on "LLC" on the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		12539 NW 7th Lane	25 -	
Principal office address MUST BE A STREET		Miami, FL 33182	5 6 F	
Enter new mailing address, if applicable:		12539 NW 7th Lane	TE 18	
Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Miami, FL 33182		
3. If amending the registered agent and/or re gent and/or the new registered office address		address on our records.	, enter the name of the new register	
Name of New Registered Agent:	Hailu Jardines del Cueto			
New Registered Office Address:	12539 NW 7th			
		Enter Florida stree		
	Miami		, Florida 33182	
		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>	Address	Type of Action
MGR	Lina Jardines del Cueto		□Add
		12539 NW 7th Lane Miami, FL 33182	≡ Remove
			□Change
MGR	Harold Jardines del Cueto		□ Add
			S: 28
		12539 NW 7th Lane Miami, FL 33182	Ä ⊆ TI Z _ Ghannge
MGR	Lauren Quevedo Sanchez	12539 NW 7th Lane Miami, FL 33182	
			TATE B Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee