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(Requestor's Name) (Address) (Address)	200349708872
(City/State/Zip/Phone #)	(j ₁₂ ,1 ₁₂ ,2)+−0(12,1++(j2)) ++25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section Division of Corporations

PUFFIN HOLDING LLC

^{*} SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN DECARO

Name of Person

PUFFIN HOLDING LLC

Firm/Company

1550 SW 30TH PL

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

Amananda@yahoo.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.

PUFFIN HOLDING LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	For MI
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here:</u>
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1550 SW 30th PLACE
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE
	FL 33315
Enter new mailing address, if applicable:	1550 SW 30TH PLACE
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE
	FL 33315
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	

Enter Florida street address

_. Florida _

Zip Code

3

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.

Citv

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

• • • • •

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DUNN, AMANDA J	11092 HARRISBURG RD,	🗔 Add
		INDIAN LAND SC 29707	ERemove
			□Change
			🖸 Add
			🗆 Remove
			□Change
			🗆 Add
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		<u> </u>	□Change
			🗆 Add
		<u> </u>	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u> </u>

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 1 iquot_ 2020 MAL ignature of a member or authorized representative of a member AMANDA J DUA Typed or printed name of signee

Filing Fee: \$25.00