Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000071897 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

••Enter the email address for this business entity to be used for future $\stackrel{ extstyle 2}{ extstyle 2}$ annual report mailings. Enter only one email address please. **

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PUZZLE ME LLC**

Certificate of Status	0
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LEB 52 5055

To: 18506175383 From: 19165767036 Date: 02/24/22 Time: 3:27 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUZZLE ME LLC	<u> </u>		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	
he Articles of Organization for this Limited Liability Co	ompany were filed on _	06/01/2021	and assigned
forida document numberL21000255122			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limit	ted liability company	here:	
New Breed LLC			
ne new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the	he abbreviation "L L.C."
nter new principal offices address, if applicable:		· · ·	
rincipal office address MUST BE A STREET ADDR	ESS)		
		_	
			
nter new mailing address, if applicable:			12
Tailing address MAY BE A POST OFFICE BON			. 19
	-		
			2
If amending the registered agent and/or registered	office address on our	records, enter the	name of the new regist
ent and/or the new registered office address here:			
			:/
Name of New Registered Agent:			· 17
N 2 1 10 10 11			
New Registered Office Address:	Enter F	lorida street address	
		, Florida	
	City	, F10F102	Zsp 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.

To: 18506176383 From: 19165767036 Date: 02/24/22 Time: 3:27 PM Page: 04/05

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

of temoved it out tecords.		
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	
			□Change
			□ Add
		□Remove	
		□Remove	
			Change
			□Remove
			ClChange

To: 18506176383 From: 19165767036 Date: 02/24/22 Time: 3:27 PM Page: 05/05

	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effective d	ite, if other than the date of filing:
Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records
he record spe ord is filed.	ifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of. (b) The 90th day after the
Dated	February 23 2022
-	Signature of a member or authorized representative of a member
	Shannon Plunkett

Filing Fee: \$25.00