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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

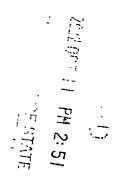
Office Use Only

A. RIVERS
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## COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** PIECING THE PUZZLE LLC SUBJECT: 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: Melany Ferreiro Name of Person PIECING THE PUZZLE LLC Fiπn/Company 11342 SW 234TH ST Address Homestead, Florida 33032 City/State and Zip Code melanyferreiroaba@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melany Ferreiro Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIECING THE PUZZLE LLC	
(Name of the Limited Liability Company as it now appears on our records.) (Λ Florida Limited Liability Company)	

Value of the second of the sec	(A Florida Limited Liability Co	mpany)	
The Articles of Organization for this Limited L	iability Company were file	d on May 13, 2022,	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	_	n our records, enter the	• • •
Name of New Registered Agent:	Alex Emmanuel Azoy		2622.00
New Registered Office Address:	11342 SW 234TH ST		
non neglitored officer radices.	i	Enter Florida street address	- H
	Homestead	, Florid	a 33032 ℃
	Ciţv		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	Melany Ferreiro	11342 SW 234TH ST	□Add
		Homestead, Florida	□ Кепюче
		33032	■Change
MGR	Alex Emmanuel Azoy	11342 SW 234TH ST	<b>≣</b> Add
		Homestead, Florida	□Remove
		33032	
			🗀 Add
			□Remove
			Change
		<del></del>	□Remove
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			□Remove
			Change

		J		
	Signature of a member or and	ofized representative of a	member	
ted October 10	. 2022	<del></del> ·		
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th o	iay after the
cument's effective date on the Dep	partment of State's records	3.		
ective date, if other than the one offective date is listed, the date must te: If the date inserted in this bloom	late of filing:	r to date of filing or more the	(optional) an 90 days after filing.) Pursua	nt to 605.020
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