N17 00000 4603

MARTIN CPA &COMPANY.LL	<u> </u>
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations Puzzle Pieces of North Florida, Inc. NAME OF CORPORATION: N17000004603 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David W. Martin (Name of Contact Person) Martin CPA & Company, LLC -(Firm/ Company) 882 SW Baya Drive (Address) Lake City, FL 32025 (City/ State and Zip Code) dmartin@martinepacompany.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David W Martin 386-361-5939 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State:

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■ \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75

(\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐\$52.50 Filing Fee
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Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

FILED

Puzzle Pieces of North Florida, Inc.			*** 0 50
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	2021 nn -7	Alt 3: 58
N17000004603		SECRETARY	OF STATE
(Document N	Number of Corporation (if known) TALLAHAS	SSEELFL
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pro	fit Corporation a	adopts the following
A. If amending name, enter the new name of the corp	poration:		
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or	the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	 .	1-71-19-10-10-1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of th	<u>e</u>
Name of New Registered Agent:		·	
New Registered Office Address:	(Florida :	street address)	
		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I detected the appointment as registered agent.		hligations of the	position.
	Signature of New Registered .	Agent, if changin	g

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	P/D	Brooke Bedenbaugh	Lake City, FL 32025
x Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			and the same of th
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g additional A ts, if necessary)	rticles, enter change(s) here: . (Be specific)	
		 	
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The date of each amendment(s) adoption: June 27, 2020 date this document was signed.	, if other than the		
lune 27, 2020			
Effective date if applicable: (no more than 90 days after amendment file date)			
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.			
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.			

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 5-10-2021
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tabatha Feagle
(Typed or printed name of person signing)
President

(Title of person signing)

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Section 1



June 29, 2021

DAVID W. MARTIN MARTIN CPA & COMPANY,LLC 882 SW BAYA DRIVE LAKE CITY, FL 32025 US

SUBJECT: PUZZLE PIECES OF NORTH FLORIDA, INC.

Ref. Number: N17000004603

We have received your document for PUZZLE PIECES OF NORTH FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 021A00014780

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