

LOT 000000995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600215317226

12/29/11--01011--020 \*\*60.0

SECRETARY OF STATE  
SALT SPRING ISLAND, FLORIDA

2011 DEC 29 PM 1:14

FILED

T. CLINE

JAN - 3 2012

EXAMINER



Miami, 22 December 2011

FLORIDA DEPARTMENT OF STATE  
Registration Section – Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Amended Articles of Organization, effective 22 Dec 2011 – Re: NAME CHANGE  
Florida Document Number: **L07000000995**

Dear Sirs,

Attached please find our Amended Articles of Organization, effective this date.

You will note this Amendment is strictly for purposes of our NAME CHANGE *from:*

*PIX HOLDINGS LLC* to  
**FLAGLER INVESTMENT CONSULTING LLC**

All other matters/details remain unchanged.

Please do not hesitate to contact the undersigned (305.903.6621/mobile) should you have any questions or concerns in connection with the foregoing.

With many thanks in advance for your attention to this matter, we remain,

Yours faithfully.

A handwritten signature in black ink, appearing to read "Egozi" or similar, with a stylized flourish.

Esther Egozi Choukroun  
*Managing Member*

FILED  
2011 DEC 29 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PIX HOLDINGS LLC**  
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:

ESTHER EGOZI CHOUKROUN

Name of Person

FLAGLER INVESTMENT CONSULTING LLC

Firm/Company

TWO SOUTH BISCAYNE BOULEVARD, SUITE 2000

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

EEOZI@FLAGLERINVESTMENT.COM

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

FILED  
2011 DEC 29 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ESTHER EGOZI CHOUKROUN

Name of Person

at ( 305 )

903-6621

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PIX HOLDINGS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3 JANUARY 2007 and assigned  
Florida document number L07000000995.

FILED  
2011 DEC 29 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**FLAGLER INVESTMENT CONSULTING LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

TWO SOUTH BISCAYNE BOULEVARD

SUITE 2000

MIAMI, FLORIDA 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

TWO SOUTH BISCAYNE BOULEVARD

SUITE 2000

MIAMI, FLORIDA 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

, Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated DECEMBER 22, 2011

*Σle*

Signature of a member or authorized representative of a member

**ESTHER EGOZI CHOUKROUN**

Typed or printed name of signee

RECEIVED  
2011 DEC 29 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA