20500063880

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EXAMIN

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COVER LETTER

Division of Co					
SUBJECT:	Arrangi	ng Pixels, LLC			
	Name of Limi	ted Liability Company	, ,	_	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Kenneth M Granger			
		Name of Person			earragen, _e
		Arranging Pixels, LLC		JUN 27	A SERVICE SERVICE
		Firm/Company	i	-	[77]
	2151	Consulate Drive, Suite 21	; d		(· · · · ·
Address					
Orlando, FL 32837					
City/State and Zip Code kgranger@arrangingpixels.com					
	E-mail address: (to be used for future annual report notif	fication)		
For further information	concerning this matter, please of	call:			
Ken	neth M Granger	at (407)	999-0009		
Name of Person		Area Code & Daytim	ne Telephone Num	ber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifi d) Certifi	Filing Fee, icate of Status ied Copy ional copy is e	

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

Arranging F	Pixels, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Company		6/22/2005	and assigned	
Florida document numberL0500063880				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
BRANDC	O, LLC		**** ***	
The new name must be distinguishable and end with the words "Lim	ited Liability Company	" the designation "L		
"L.L.C."		7.5	1	
Enter new principal offices address, if applicable:		\$25	D) Marin	
(Principal office address MUST BE A STREET ADDRESS)		(मंद्र)	<u> </u>	
		55		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GE C	
Enter new mailing address, if applicable:		_		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered o		records, <u>enter tl</u>	ne name of the new	
registered agent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	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 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 = Ma MGRM = I	ahager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add
			☐ Add ☐ Remove
			AddRemove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, i)	f necessary.)
_			
Dated	June 23		
	Signatur	Kenneth M. Granger	r
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00