# 211000065151

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## **COVER LETTER**

TO:	Registration Se Division of Cor			•
 SUBJI	PIXEL JAF	R, LLC		
o o boji		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JULIANA BOTERO		
		<del> </del>	Name of Person	<del> </del>
		PIXEL JAR, LLC		
			Firm/Company	
		6539 ALPINE LANE		
		<del> </del>	Address	
		BRADENTON, FL 34208	3	
		PIXELJARLLC@GMAIL.C	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
JULIA	NA BOTERO		941 400 - 9664 at ( )	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

PIXEL JAR, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 06/03/2011 and assigned Florida document number L11000065151 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

### 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>	<u>Address</u>	Type of Action
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ective date, if other than the reffective date is listed, the date mu	ist be specific and cannot h	pe prior to date of fi	ing or more than 90	( <b>optional</b> ) days after filing.) l	Pursuant to	605.020
te: If the date inserted in this becoment's effective date on the I			ory filing requirem	ents, this date w	ill not be	listed a
record specifies a delaye he 90th day after the rec		ut not an effe	ctive time, at :	l2:01 a.m. o	n the ea	rlier o
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Mucha	Signature of a member of	or authorized repres	sentative of a member	er .	<del></del> .	•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00