

L12000013648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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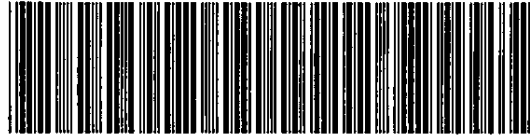
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 10 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2 Pixels Media, 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:

Ely Leal

Name of Person

2 Pixels Media, LLC

Firm/Company

1920 Summer Club Dr. Apt. # 302

Address

Oviedo, FL 32765

City/State and Zip Code

elyleal@gmail.com

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

For further information concerning this matter, please call:

Ely Leal

Name of Person

at (407) 7492427

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

FILED
2013 JAN -9 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Pixels Media, 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 01/30/2012 and assigned
Florida document number L12000013648

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 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)

1920 Summer Club Dr. Apt. 302

Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1920 Summer Club Dr. Apt. 302

Oviedo, FL 32765

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:

ELY LEAL GONZALEZ

New Registered Office Address:

1920 Summer Club Dr. Apt. 302

Enter Florida street address

Oviedo

City

Florida 32765

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>
MGRM	ELY LEAL GONZALEZ	1920 Summer Club Dr. Apt. 302	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
MGR	ELY LEAL GONZALEZ	1920 Summer Club Dr. Apt. 302	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
MGRM	CARLOS DJURO PEREZ	5977 Bent Pine Dr. Apt 1929	<input type="checkbox"/> Add
		Orlando, FL 32822	<input checked="" 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.)*

Ely Leal Gonzalez, changing title from MGRM to MGR.

Same Name and Address are being used.

Dated January 5th, 2013.



Signature of a member or authorized representative of a member

ELY LEAL GONZALEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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