113000065915

(Req	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
AR		

Office Use Only



400295009604

02/09/17--01014--010 **30.00

17 FEB -9 PM 1: 19

SKOLLYNDEND DIE MUNSER DE SLYLS DE SLYL

FEB 13 2017 J. HARRIS

COVER LETTER

Division of C	·		
SUBJECT:	IGN LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	XAVIER SALAS		
		Name of Person	
	PX DESIGN LLC		
		Firm/Company	
	20 FOREST HILLS LN		
		Address	· · · · · · · · · · · · · · · · · · ·
•	BOCA RATON, FL 3343	1	
		City/State and Zip Code	
	xavier@xsalas.com		<u></u>
		to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
XAVIER SALAS		561 699-7472 at ()	
Name	e of Person		Telephone Number
Enclosed is a check for	r 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)
MAI	ILING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Section 18

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PX DESIGN LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on order Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Compared Florida document number L13000065915	ny were filed on $\frac{05/06/20}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
PX ARCHITECTURE LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		7
	N/A	B-9 PH
Enter new mailing address, if applicable:	IVA	
Mailing address MAY BE A POST OFFICE BOX)		- 19
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the n
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida stre	et address
12	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	ı <u>t:</u>	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple	— gree to act in thìs capac	, ,

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager		t
AMBR =	Authorized Memb	er	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A			
			□ Remove
			Change
			Add
•			☐ Remove
			□ Change
			D Add
			□ Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
			☐ Remove
			Change
			Remove
			Change 1
			PR Add S
			PAGE STATE PAGE STATE PREMOVE
			□ Change

N/A						
•	,					
			<u>.</u> .		. <u> </u>	
					.	
		•				
<u>-</u>						
						
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		.	9 14 -	4.7		
tive date, if other than ffective date is listed, the date	the date of filing must be specific an	ig: <u>ferrue</u> id cannot be prior	to date of filing or	nore than 90 days	optional) after tiling.) Pur	suant to 605.
If the date inserted in th	is block does not	meet the applic	able statutory fili			
ment's effective date on the	ie Department of	State's records.				
ecord specifies a dela	aved effective	date but no	t an effective	time at 12·	nam on i	rhe earlie
e 90th day after the			c an encenve	tiric, at 12.	51 d .1111. 011 1	ine earne
			/.			
FEB 1 		2017	L//1/			978 17 F
			toll the			
			/ ((///			1 5

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00