L13000172128

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TO:

Registration Section« **Division of Corporations**

SUBJECT:

PIXCONN, 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:

JULIO ROCHA

Name of Person

PIX CONN, LLC

Firm/Company

12974 MALLORY CIR. UNIT 208

Address

ORLANDO - FL - 32828

City/State and Zip Code

JULIO.ROCHA@PIXCONN.COM

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

For further information concerning this matter, please call:

JULIO ROCHA

Name of Person

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)

X 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

PIXCONN, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing L13000172128	any were filed on 12/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
N/A		
The new name must be distinguishable and end with the words "Limited l	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	<u></u>	7 2
		2014
Enter new mailing address, if applicable:		SS J
Mailing address MAY BE A POST OFFICE BOX)		Fig B III
Musing war ess MATT BELLE GOT OF LACE BOTH		
		25
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	A
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MARGARET ROCHA	12974 MALLORY CIRCLE UI	NIT 208 ■ Add
		ORLANDO-FL-32828	Remove
			Add
			Remove Remove ALLAHASSE
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ffective date, if other than the date of the effective date must be specific, cannot be prior		(optional) t be more than 90 days after	
he date this document is filed by the Florida Depa	artment of State)	•	
Dated 13rvary 19 th			
	Allen Jakok XII		201
Signatul	of a member or authorized representative	ve of a member	MAR -3
	Typed or printed name of signee	DA KOCHA SS	<u> </u>
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Filing Fee: \$25.00