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SECRETARY OF STATE
ALLAMASSEE, PLONDA

COVER LETTER

TO: Registration Section Division of Corporation	
PIXEL GR. SUBJECT:	RAPH SIGNS LLC
SUBJECT.	Name of Limited Liability Company
	. :
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	JAIRO M PINEDA
	Name of Person
	PIXEL GRAPH SIGNS LLC
	Firm/Company
	1725 PEREGRINE FALCONS WAY APT 305
	Address
	ORLANDO, FL 32837
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
JAIRO M PINEDA	321 746-2132
Name of P	
Enclosed is a check for the	following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 GRAPH SIGNS LLC

(A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L15000058486	were filed on 04/02/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the	e 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 off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		(C) 20 N N N N N N N N N N N N N N N N N N
	Enter Florida street address Florida	OF SI
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Coste

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>	<u>Name</u>		Address	Type of Action
MGRM	MARCO J DIAZ		12523 EARNEST AVE	Add
			ORLANDO, FL 32837	□ Remove
				□ Add
				☐ Remove
				Add
				Remove
		<u></u>		Add
				THE REMEMBER 2:
				And of the Asset
				Remove
		_		Add
				Remove

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	other than the date of filing: (optional) In the specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after in the filed by the Florida Department of State)
he date this docume	nt is filed by the Florida Department of State)
he date this docume	nt is filed by the Florida Department of State)
he date this docume	nt is filed by the Florida Department of State)
the date this document Dated APRIL 2	1, 2015

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FALLAHASSEE FLORID.