L15000183097

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)	 _
Certified Copies Certificate:	s of Status
Special Instructions to Filing Officer:	
	ì

Office Use Only



500304813245

10/26/17--01030--010 **30.00

利 801 45 MA 8: 108 M

OCT 27 2017

Y SULKER

COVER LETTER

TO: Registration So Division of Cor			
NEW PIXE SUBJECT:	EL GROUP. LLC		
Someth	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		NICOLE MINIONIS	
		Name of Person	
		Firm/Company	
		1000 W PEMBROKE RD	
		Address	
	HAI	LIANDALE BEACH FL 33009 City/State and Zip Code	
		,	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
		al ()	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	he 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

NEW PIXEL GROUP, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.15000183097}{1.15000183097}$.	were filed on 10/28/2015	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
WETHINK MARKETING, LLC					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:	1000 W PEMBROKE RD STE.320				
(Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BEACH, FL. 33009				
Enter new mailing address, if applicable:	1000 W PEMBROKE RD STE. 320				
(Mailing address MAY BE A POST OFFICE BOX)	HALLANDALE BEACH, FL. 33009	~~** ***			
	-	•			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new			
regimered agent and/or the new regimered vince address here	· (+-	<u>c.</u>			
Name of New Registered Agent:	,				
New Registered Office Address:	Enter Florida street address				
	Florida				

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.

Cüy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	CARLOS E AGUIRRE	8102 LAKEPOINTE DR.	≅ Add
		PLANTATION FL. 33322	Remove
			☐ Change
MGRM	ELIAS BENAIM	20422 NE 22ND PLACE	
		MIAMI FL 33180	■ Remove
		**	□ Change
		 	Remove
			□ Change
			□ Add
		<u> </u>	© Remove
			⊉ ∕⁄49
			Remove
			Change
			Add
			□ Remove
			☐ Change

			•			<u> </u>	
							
				·	.		
			,,				
 							
					-		·
			_ -		···		
						-	
• •						· .	5)

		<u> </u>					
							<u> </u>
							64
ective date, if o	ther than the date		10/12/2017			_ (optional)	1
te: If the date in: cument's effective	serted in this block of e date on the Depart	does not mee tment of State	t the applicate's records.	ole statutory f	iling requirem	ents, this date	will not be listed
record specifi The 90th day a	es a delayed eff after the record	ective dat is filed.	e, but not	an effectiv	e time, at 1	2:01 a.m.	on the earlier
red [0]	2/17	 , _		_·			
	. 1/	N					
					tive of a membe		

Page 3 of 3

Filing Fee: \$25.00