

L1600156488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

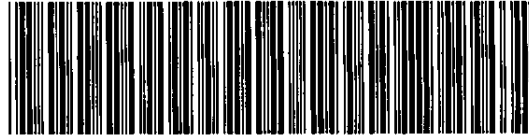
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291763084

10/31/16--01018--012 **25.00

FILED

2016 OCT 31 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV -1 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

PixExplosionByJoJo

SUBJECT: _____
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:

Marjorie Vital Herne

Name of Person

PixExplosionByJoJo

Firm/Company

830 NE 199 ST A106

Address

Miami FL 333179

City/State and Zip Code

pixexplosionbyjojo@gmail.com

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

For further information concerning this matter, please call:

Marjorie Vital Herne

786

4233619

at (_____) _____

Name of Person

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**

PixExplosionbyJolo

(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 8/22/2016
Florida document number L16000156488

FILED
2016 OCT 31 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Marjorie Vital Heme

New Registered Office Address:

830 NE 199 ST A 106

Enter Florida street address

MIAMI

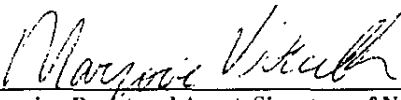
City

Florida 333179

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

2016 OCT 31 PM 1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 OCT 31 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 28, 2016

Manoj Virak
Signature of a member or authorized representative of a member

Marjorie Vita Home
Typed or printed name of signer