L17000044038

(Re	equestor's Name)	
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	ty/State/Zip/Phone	40
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PICK-UP	☐ WAIT	MAIL.
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O SIMMONS APR 1 2 2017

COVER LETTER

Division of Co	orporations	
Add Onwe	rer to Fresh Baked Pixels, LLC	
SUBJECT:	Per to Fresh Baked Pixels, LLC Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Victor Bustos	
	Name of Person	
	Fresh Baked Pixels	
	Firm/Company	
	7144 Southgate Blvd.	
	Address	
	Tamarac, FL 33321	
	City/State and Zip Code	
	victor@freshbakedpixels.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Victor Bustos	954 825-5930 at ()	
Name o	at () of Person Area Code Daytime Telephone N	umber
Enclosed is a check for the	the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	00 Filing Fee, rtificate of Status & rtified Copy finonal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Fresh Baked Pixels, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Plorida document number $\frac{L17000044038}{L17000044038}$.	pany were filed on March 1,2017	and assigned
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	S)	16°
		נער י
Enter new mailing address, if applicable:		,
		0
(Mailing address MAY BE A POST OFFICE BOX)		15
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
MGR	Victor Bustos	7144 Southgate Blvd, Tamarac, FL	Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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te: If the date inserted in this blo	late of filing: be specific and cannot be prior to date of the does not meet the applicable state out the applicable state out the state of State's records.	tutory filing requirements, th	iis date will not be listed as
record specifies a delayed he 90th day after the reco	effective date, but not an ei rd is filed.	fective time, at 12:01	a.m. on the earlier of
ed March 12	2017		
	Total South	is Manthot	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00