L18000150573

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COVER LETTER

TO: Registration S Division of Co			
Registrat	ion Amendment, removal of	Authorized Representative	
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	oondence concerning this matter	to the following:	
	LUIS A TERRERO		
		Name of Person	
	PIXELPERFECTO LLC		
	-	Firm/Company	
	12000 MEADOW BEND	LOOP APT 210	
		Address	
	ORLANDO, FLORIDA 3	2821	
		City/State and Zip Code	
	LATR.88@GMAIL.COM E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	·	
LUIS A TERRERO		305 2508569	
Name	of Person	at () 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)
MAII	ING ADDRESS:	STREET/COURI	FD ANNOFES:

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

PIXELPERFECTO LLC (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 $\frac{06/19/2018}{1}$ _ and assigned Florida document number L18000150573 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	<u>Address</u>	Type of Action
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		APT 210	■ Remove
		ORLANDO FL 32821	□ Change
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Effective date, if of (If an effective date is lis Note: If the date ins document's effective	ther than the date of ted, the date must be spec- erted in this block does adde on the Departme	s not meet the app	olicable statutory fi	(opti r more than 90 days afte ling requirements, thi	onal) r filing.) Pursuant to 605 s date will not be liste	i.0207 (3) ed as thi
the record specific) The 90th day a	es a delayed effec fter the record is	tive date, but filed.	not an effectiv	e time, at 12:01	a.m. on the earlie	er of:
Dated		<u>2018</u>				

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Typed or printed name of signee

Filing Fee: \$25.00