L19000050998

(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

300326867733

04/01/19--01064--013 **25.00

2019 APR 22 A 9:26

4/29/19 DS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2019

MARK WOODLOCK, ESQ
1350 ORANGE AVE
SUITE 280
WINTER PARK, FL 32789

SUBJECT: PIXELCRAWLER LLC
Ref. Number: L19000050998

We have received your document for PIXELCRAWLER LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 119A00007066

RECEIVED
APR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIXELCRAWLER, LLC
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:

MARK WOODLOCK, ESQ.
Name of Person

Woodlock Construction Law Firm, P.A.
1350 Orange Avenue, Suite, 280
Winter Park, Florida 32789
Address

City/State and Zip Code

MARK@WOODLOCKLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK WOODLOCK, ESQ. at (407) 409-5305
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

PIXELCRAWLER, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(If Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/21/2019 and assigned Florida document number L19000050998.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

— N/A —

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)

101 SOUTH GARLAND AVE. #108

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 SOUTH GARLAND AVE. #108

ORLANDO, FL 32801

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: — N/A —

New Registered Office Address: 101 SOUTH GARLAND AVE #108

(Must be Florida street address)

ORLANDO (City) Florida 32801 (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.

— N/A —

If Changing Registered Agent, Signature of New Registered Agent

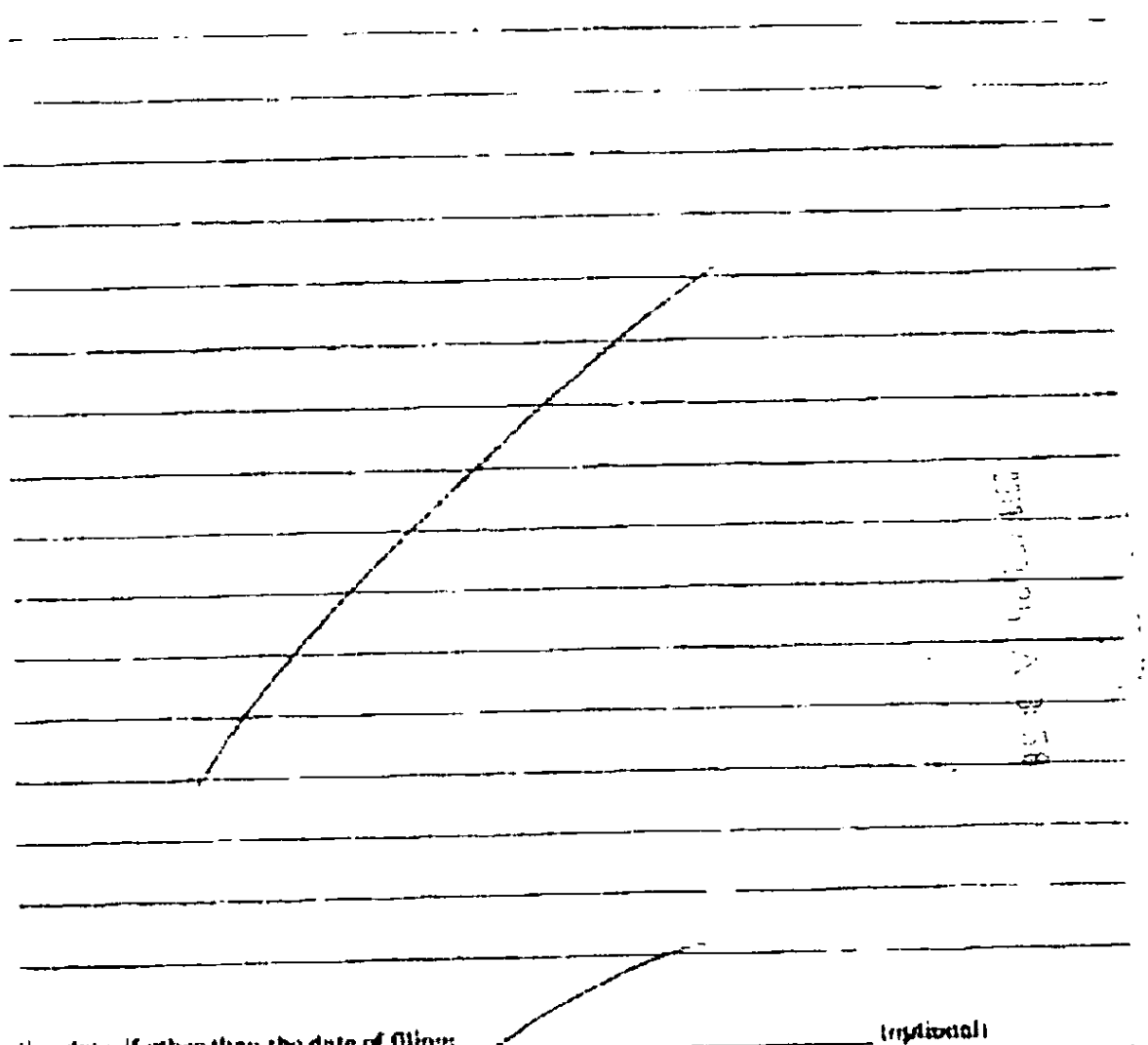
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	GREGORY L MITCHELL	101 SOUTH GARLAND AVE #108 ORLANDO, FL 32801	☐ Add ☐ Remove ☒ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

SAME OFFICER, ONLY ADDRESS HAS CHANGED

D. If amending any other information, enter changes here: (Attach additional sheets, if necessary.)



E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1) (b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest of:
(b) The 90th day after the record is filed.

Dated MARCH 29 2019

_____
Signature of a member or authorized representative of a member

GREGORY L. MITCHELL, MGRM
Typed or printed name of signer

Filing Fee: $25.00