

L19000141703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

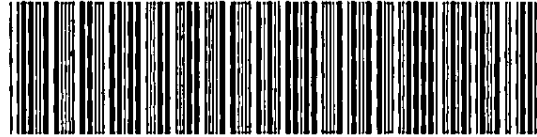
(Business Entity Name)

(Document Number)

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SEP 03 2019

FILED  
2019 OCT -9 AM 8:13  
FALLS CHURCH, VA

OCT 10 2019

G. Kline



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2019

PATTY E MASON EA  
1003 NATHAN RIDGE RD  
CLERMONT, FL 34715

SUBJECT: PICXEL USA LLC  
Ref. Number: L19000141703

We have received your document for PICXEL USA 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):

The document is illegible and not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Incomplete document all pages must be included.

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) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 819A00018931

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2019 OCT -9 PM 11:57

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PICXEL USA LLC

DOCUMENT NUMBER: L19000141703

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATTY E MASON

Name of Contact Person

MASON ACCOUNTING & CONSULTING SERVICES

Firm/ Company

1003 NATHAN RIDGE ROAD

Address

CLERMONT, FL 34715

City/ State and Zip Code

PATTY.MASON@MASONACCOUNTINGSERVICES.COM

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

For further information concerning this matter, please call:

PATTY E MASON at (800) 580-0148  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Payment  
already made.*

Articles of Amendment  
to  
Articles of Incorporation  
of

PICXEL USA LLC

(Name of Corporation as currently filed with the Florida Dept. of State)

L19000141703

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

PIXIS LLC

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

5263 INTERNATIONAL DR UNIT #A

ORLANDO, FL 32819

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

5263 INTERNATIONAL DR UNIT #A

ORLANDO, FL 32819

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

Florida

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing



**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

JULY 31, 2019

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JULY 31, 2019

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

JULY 31, 2019  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DVIR LEV-RAN

\_\_\_\_\_  
(Typed or printed name of person signing)

AMBR

\_\_\_\_\_  
(Title of person signing)