## L20000176774

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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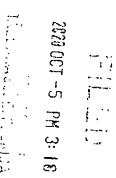
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## **COVER LETTER**

TO: Registration Section

Division of Co	orporations		
	Creations LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	-	
	Angelina Mitschke		
		Name of Person	75.
	Big Pixel Creations LLC		aoc
		Firm/Company	
	3143 Moran Rd		, <u>,</u> , U
		Address	PH 3: 1
	Tampa FL 33618		3: 18
		City/State and Zip Code	
	mitschkeang@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please o	all:	
Angelina Mitschke		920 638-3991 at ( )	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Pixel Creations LLC				
Name of the Limited (X	Lisbility Compan Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liab Florida document number L20000176774	ility Company v	were filed on <u>06/24/2020</u>	*	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation "LLC" or the	he abbrevia	stion "L.L.C."
Enter new principal offices address, if applicab	le:	3143 Moran Rd, Tampa, FL 33618	::	75
Principal office address MUST BE A STREET.				30
			<u> </u>	
				ÚT.
Enter new mailing address, if applicable:		3143 Moran Rd, Tampa, FL 33618		말
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>		<u> </u>	<u> မှ</u> .
			Ţ.,	ငာ
B. If amending the registered agent and/or registered affice address became a support the new registered office address became a support of New Registered Agent:			name of t	the new regist
New Registered Office Address:	3143 Moran Rd			
		Enter Florida street address	<del>-</del>	<u> </u>
	Tampa	, Florida	33618	
New Registered Agent's Signature, if changing Reg		City	7.4	n Code
hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as registe being filed to merely reflect a change in the registerance of this change in this change in the change in the change in this change in the change in	agent and agree and complete p red agent as pr gistered office a	performance of my duties, and I drovided for in Chapter 605, F.S.	am famili Or, if thi	iar with and is document is
	If Chang	ing Registered Agent, <u>Signature of New</u>	· Registere	d 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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	Name	Address	Type of Action
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	<del> </del>		□Add
			☐ Remove
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fective date, if other than the	date of filing:			(optional	`
an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the De	be specific and cam ock does not meet	the applicable sta	of filing or more than 90 tutory filing requirer	days after filing	g.) Pursuant to 605.0
record specifies a delayed effective is filed.	date, but not an e	effective time, at	2:01 a.m. on the ear	ti <del>er</del> of: (b) T	he 90th day after t
September 28		020			
	Amil	schle			
<del></del>	Signature of a mem				

Filing Fee: \$25.00