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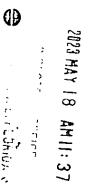
	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Pusings Cabba Nama)
	(Business Entity Name)
	(Document Number)
	(Document Namber)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	MAY 18 PORNE

Office Use Only



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SECRETARY OF STATE OF



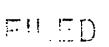
COVER LETTER

TO:

TO: Registration Se Division of Cor			
PIXEL CO	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IVAN BRAVO		
		Name of Person	
	RED SQUARE ACCOUN	TING AND TAX, LLC	
		Firm/Company	
	6052 TURKEY LAKE RO)AD #144	
		Address	
	ORLANDO, FL, 32819		
		City/State and Zip Code	
	INFO@REDSQUARETAX		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
IVAN BRAVO		305 744-1738	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee e Street, Suite 810
rananassee, i	いふ シムジャブ	45 LO IN, IVIOHIO	C DUCCE DUITE OTA

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED



PIXEL CO LLC

company has been notified in writing of this change.

2023 MAY 18 AM 11: 33

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea	rs on our records.	***
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03}{2}$	/03/2021	and assigned
Florida document number 1.21000103646			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company ho	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the c	esignation "LLC" or the abb	previation "L.L.C."
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)			
		<u>.</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	ecords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

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>	<u>Address</u>	Type of Action
AMBR	Yana Narynska	1750 North Bayshore Drive	≣ Add
		MIAMI. FL. 33132	□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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ote:	ive date, if other than the date of filing:
recor Lis til	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	05/08/2023 • — — · — — · — — · — — · — — · — · — ·
	(M M)
	Signature of a member or authorized/representative of a member