

L21 000 147 348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

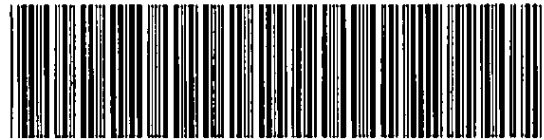
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/28/21-- 01020-- 009 **60.00

2021 MAY 27 PM 2:13

RECEIVED

2021 JUN 21 PM 1:13

RECEIVED
ALLAHABAD

RECEIVED

SAFFA PIXEL LLC
2021 JUN 21 PM 1:13
11172 161 STREET N
JUPITER, FL 33478

RE: LETTER # 721A00013070

6.18.21

DEAR SIR/MADAM,

ATTACHED TO THIS LETTER IS THE CORRECTED ARTICLES OF AMENDMENT FOR SAFFA PIXEL, LLC (FL# L21000147348)

I HAVE CORRECTED THE TITLE TO THAT OF MGR, AS REQUESTED IN YOUR LETTER DATED 6.12.21.

SINCERELY,

MAGIE STEENKAMP
616-617-1039



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 21 PM 1:13

June 12, 2021

MADELIE STEENKAMP
11172 161ST ST. N.
JUPITER, FL 33478

SUBJECT: SAFFA PIXEL LLC
Ref. Number: L21000147348

We have received your document for SAFFA PIXEL LLC and check(s) totaling \$60.00. However, the document has not been filed and is being returned for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00013070

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Saffa Pixel 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:

Madelie Steenkamp

Name of Person

Saffa Pixel LLC

Firm/Company

11172 161st Street N

Address

Jupiter, FL 33478

City/State and Zip Code

madie@duplessis.com

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

For further information concerning this matter, please call:

Madelie Steenkamp

616 617.1039
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Saffa Pixel 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 03.30.2021 and assigned
Florida document number L21000147348.

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 "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) _____

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

_____, Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

[illegible]

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 (3)(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 earlier of: (b) The 90th day after the record is filed.

Dated May 26, 2021

Signature of a member of _____

Signature of a member or authorized representative of a member

Madeline Steenkamp

Typed or printed name of signee

Filing Fee: \$25.00