

R21000147348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

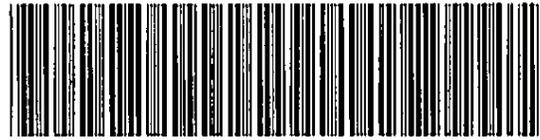
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

2021 APR 27 PM 2:13

RECEIVED

2021 JUN 21 PM 1:13

DEPARTMENT OF  
ALLAHAH FISCAL

RECEIVED

SAFFA PIXEL LLC  
2021 JUN 21 PM 1:13  
11172 161<sup>1/2</sup> 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 at ( 616 ) 617.1039  
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

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>	<u>Type of Action</u>
MGR	Madeline Steenkamp	11172 161st Street N	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33478	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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