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TO:

	OG STUDIO LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
Division of Corporations UBJECT: PIXEL FROG STUDIO LLC			
Please return all correspo	ondence concerning this matter	to the following:	
	PIXEL FROG STUDIO LLC Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ORLANDO D HERRERA DE LA CERDA Name of Person PIXEL FROG STUDIO LLC Firm/Company 12005 SW 14th STREET APT 403 Address MIAMLFL. 33184 City/State and Zip Code ORLANDODEJESUS92@GMAIL.COM E-mail address: (to be used for future annual report notification) orther information concerning this matter, please call: ANDO D HERRERA DE LA CERDA Name of Person Triber information concerning this matter, please call: ANDO D HERRERA DE LA CERDA Name of Person Triber information concerning this matter, please call: Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		
		PUDIO LLC Name of Limited Liability Company Indiament and fee(s) are submitted for filing. See concerning this matter to the following: INELANDO D HERRERA DE LA CERDA Name of Person INEL FROG STUDIO LLC Firm/Company 2005 SW 14th STREET APT 403 Address HAMLFL. 33184 City/State and Zip Code RLANDODEJESUS92@GMAIL.COM E-mail address: (to be used for future annual report notification) Ining this matter, please call: E-LA CERDA INEL FROG STUDIO LLC Firm/Company Address HAMLFL. 33184 City/State and Zip Code RLANDODEJESUS92@GMAIL.COM E-mail address: (to be used for future annual report notification) Ining this matter, please call: E-LA CERDA INEL FROG STUDIO LLC Firm/Company Address City/State and Zip Code Remail address: (to be used for future annual report notification) Ining this matter, please call: E-LA CERDA INEL FROG STUDIO LLC Firm/Company Address Certification Ining this matter, please call: E-LA CERDA INEL FROG STUDIO LLC Firm/Company Address Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	PIXEL FROG STUDIO L	LC	
		Firm/Company	
	12005 SW 14th STREET /	APT 403	ing. ing. ing: BDA of Person fompany dress and Zip Code 4 future annual report notification) B6
		Address	-
	MIAMI,FL. 33184		
		City/State and Zip Code	
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For further information c		,	incation)
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Name o	f Person	Area Code Daytir	ne Telephone Number
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR 19 PH 2: 04

PIXEL FROG STUDIO 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 $\frac{03/22/2022}{1}$ and assigned Florida document number L22000141054 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 "LLC." 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 City 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ORLANDO D HERRERA DE LA	12005 SW 14tH STREET APT 403	□Add
		MIAMI,FL. 33184	□Remove
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Tective date, if other than the	e date of filing: 03/22/2022 (optional)	
in effective date is listed, the date mu	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	
ocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e fisted as
ecord specifies a delayed effective	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
is filed.	•	
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ned	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00