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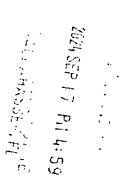
(Re	equestor's Name)	•
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

то:		istration Se sion of Cor			,
eun ira		Pixie Miam	i LLC		
SUBJEC	LI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspo	ndence concerning this matter	to the following:	
			Harley Dreiling		
				Name of Person	
			Pixic Miami LLC		
				Firm/Company	···
			4701 N Meridian Avenue		
				Address	
			Miami Beach, FL 33140		
			harleydreiling@gmail.com	City/State and Zip Code	
For furth	ner in	formation co	E-mail address: (to be used for future annual report noti all:	ification)
Harley I	Dreili	ng		305 450-1759	
Name of Person			f Person	at ()	ne Telephone Number
Enclosed	d is a	check for th	ne following amount:		
■ \$ 25.	.00 F	iling 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)
		ling Addres tistration S		<u>Street Address:</u> Registration Se	ection
		ision of C . Box 632	orporations	Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Company)	ow appears on our records.) ompany)	
he Articles of Organization for this Limited Liability Company were file lorida document number	ed on August 05, 2022	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability com	pany here:	
he new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicable:		2024/5
Principal office address MUST BE A STREET ADDRESS)	r=: r=:	S
	<u> </u>	t
	SUC.	P. I.
Inter new mailing address, if applicable:	₽ _C	<u>-</u> `
Mailing address MAY BE A POST OFFICE BOX)	713. 1714.	<u>ന</u> വ
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	on our records, <u>enter the name o</u>	f the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
City	, rivilda	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 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	Harley Dreiling	4701 N Meridian Avenue	⊟ Add
		Miami Beach, FL 33140	
AMBR	Harley Hospitality LLC	4701 N Meridian Avenue	□Add
		Miami Beach, FL 33140	= Remove
			Change
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If an eff Note:	ive date, if other that fective date is listed, the d If the date inserted in ment's effective date on	late must be specific a this block does no	and cannot be prior of meet the applic	to date of filing or r able statutory filin	nore than 90 days after	onal) filing.) Pursuant to 605.020 date will not be listed a
ne recor		effective date, but r	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
			2024			
	September 13			 '		
	September 13	H	arthy Duiling			
	September 13	H Signature of	arky Duiling f a member or auth	orized representativ	e of a member	