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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· ——
Special Instructions to Filing Officer:
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05/06/24--01023--014 \*\*25.00



## **COVER LETTER**

Tallahassee, FL 32314

	Registration So Division of Co						
SHEIFC		hotography LLC					
Name of Limited Liability Company							
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	ırn all correspo	ondence concerning this matter	to the following:				
		Yair Kasukar					
			Name of Person				
		ProPixel Photography					
		· · · · · · · · · · · · · · · · · · ·	Firm/Company				
		6512 Sand Lake Sound Ro	I				
		<del></del>	Address				
		Orlando, FL 32819					
			City/State and Zip Code				
		Rayk.realestate@gmail.com		·			
Can Cardhai	. ! - 6		to be used for future annual report not	ification)			
		concerning this matter, please c	aH:				
Yair Kasukar		303 5197228 at ( )					
Name of Person		Area Code Daytin	ne Telephone Number				
Enclosed i	s a check for th	he following amount:					
<b>■</b> \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	lailing Addres		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ProPixel Photography LLC	
(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) company)
he Articles of Organization for this Limited Liability Company were file	ed on August 15th 2022 and assigned
lorida document number L22000357614	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability con	npany here:
e Lavi Productions LLC	
he new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<i>⊕</i>
	0024
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	0024 MAY 1-5
Huming undress MAT BE AT UST OFFICE BOX)	
. If amending the registered agent and/or registered office address	• ••
gent and/or the new registered office address here:	enter the name of the new regist
	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
Cin	Zin 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

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(If an effe   Note:	May 1st 2024 (optional)  Tective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	it to 605.0207 be listed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of
Dated _	April 30th 2024	
	$\sim 10$	
	Signature of a member of authorized representative of a member	<del></del>

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