

To:

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2024-08-16 07:53:32 UTC-14

18506176383

From: ZenBusiness User

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L23000546903

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000274187 3))



H2400027418734BC2

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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**Enter the email address for this business entity to be used for future
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOB TOAST LLC

Certificate of Status	0
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K. SALY

AUG 16 2024

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Corporate Filing Menu

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To:

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2024-08-16 07:53:32 UTC-14

18506176393

From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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JobToust LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECURITY
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/11/2023

and assigned

Florida document number L23000546903

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mmupixel LLC

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Connor Zanolli	2150 Lyon Street	☒ Add
		San Francisco, CA 94115	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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