

L23000551885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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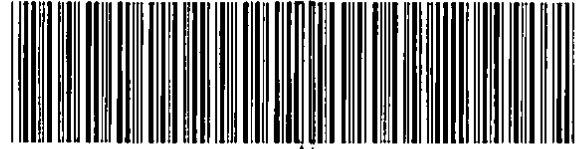
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pixperience Booths, 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:

Candace K. Mondesir

Name of Person

Pixperience Booths, LLC

Firm/Company

4300 N. University Drive Suite F-100

Address

Lauderhill, FL 33351

City/State and Zip Code

hello@pix2shine.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candace Kannika Rozier Mondesir

954 247-4085  
at ( )

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

2011 JUN 15 AM 9:05  
STATE  
TALLAHASSEE, FL

ED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pixperience Booths, 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 12/14/2023 and assigned  
Florida document number L23000551885.

This amendment is submitted to amend the following:

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

Pix2Shine Booth & Rentals, 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: Candace Kannika Rozier Mondesir

New Registered Office Address: 4300 N. University Drive Suite F-100

*Enter Florida street address*

Lauderhill, Florida 33351  
*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	Candace Kannika Rozier Mondesir	4300 N. University Drive Suite F-100	<input type="checkbox"/> Add
		Lauderhill, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Johnny Cleef Mondesir	4300 N. University Drive Suite F-100	<input type="checkbox"/> Add
		Lauderhill, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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