

L24000222565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

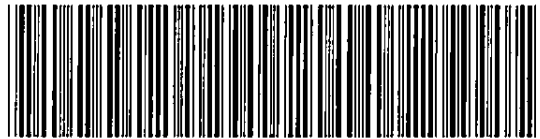
(Business Entity Name)

(Document Number)

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08/21/24--01004--028 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIXAM CITY 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:

CARLOS ROCHA

Name of Person

Firm/Company

17338 NW 61 PLACE

Address

Hiialeah Florida 33015

City/State and Zip Code

CARS1969@msn.com

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

For further information concerning this matter, please call:

Carlos Rocha

305
at ()

9629054

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

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

PIXAM CITY 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 05/13/2024 and assigned
Florida document number 1.24000222565.

This amendment is submitted to amend the following:

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

N/A

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:

17338 NW 61 PLACE ✓

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH FL 33015

Enter new mailing address, if applicable:

17338 NW 61 PLACE ✓

(Mailing address MAY BE A POST OFFICE BOX)

HIALEAH FL 33015

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:

CARLOS ROCHA ✓

New Registered Office Address:

17338 NW 61 PLACE

Enter Florida street address

HIALEAH

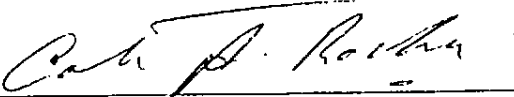
City

Florida 33015

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>
MEMB	CARLOS ROCHA	17338 NW 61 PLACE	<input type="checkbox"/> Add
		HIALEAH FL 33015	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEMB	SEBASTIAN ROCHA	17338 NW 61 PLACE	<input type="checkbox"/> Add
		HIALEAH FL 33015	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Cate A. Rocha
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00