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(Re	questor's Name)	
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(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
PIXEL X			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MINGJIN ZHANG		
		Name of Person	
	PIXEL X LLC		
		Firm/Company	
	11476 NW 33RD ST		
		Address	-
	SUNRISE, FL 33323		
		City/State and Zip Code	
	MINGZHANG1776@GM		
		to be used for future annual report not	iffication)
For further information	concerning this matter, please c	all:	
MINGJIN ZHANG		301 335-1011 at ()	
Name	of Person	Area Code Daytii	ne 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 Addre	_	<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIXEL X LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) led Liability Company)	1
The Articles of Organization for this Limited Liability Comparison document number $\frac{1.24000245289}{1.24000245289}$	any were filed on MAY 28, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		، فت
		12:
		69
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	131	• •
	, Flore	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>	Address	Type of Action
AMGR	MINGKANG ZHANG	11476 NW 33RD ST	= Add
		SUNRISE, FL 33323	□Remove
			□Change
AMGR MINGJIN ZHANG	MINGJIN ZHANG	1125 5TH ST NW	□Add
		WASHINGTON, DC 20001	■Remove
			□Change
			□Add
			□Remove
			Change
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			Remove
			□ Change

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(If an ef Note:	ive date, if other than the date of filing:
he reco ord is f	rd 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 led.
Dated	Signature of a member or authorized representative of a member
	- viz
	Signature of a member or authorized representative of a member
	wig-man control of a man control of control

Filing Fee: \$25.00