P14000005769

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/10/28--01024--024 **35.00



NAME OF CORP	ORATION: PIXOLOGY INC			•	
	MBER: P14000005769				
The enclosed Article	es of Amendment and fee are so	ubmitted for filing.	- 		
Please return all con	respondence concerning this ma	atter to the following:			
	ANTONIO MARTINEZ				
		Name of Contact Perso	n		
	PIXOLOGY INC				
		Firm/ Company			
	1053 MONTGOMERY LN			4	200
		Address		-	<u> </u>
	POLK CITY FL 33868)CT
	-	City/ State and Zip Cod	e	=	0
	infopixology@gmail.com			65	2023 OCT 10 PH
	E-mail address: (to be u	sed for future annual report	notification)	٠.	1:02
For further informati	ion concerning this matter, plea	se call:		į	76
ANTONIO MARTI	NEZ	at (250-7139		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	uiling Address nendment Section		Address ment Section		

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

PIXOLOGY INC		
(Name of Corporation as current P14000005769	itly filed with the Florida Dept. of State	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the fe	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	reviation "Corn "
B. Enter new principal office address, if applicable:	1053 MONTGOMERY LN	~
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	POLK CITY FL 33868	023 (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	1053 MONTGOMERY LN	2023 OCT 10 PM
	POLK CITY FL 33868	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian		ition.
Signature of New	Registered Agent, if changing	
Chack if annicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add, Example:

X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	CEO	STEPHANIA MARTINEZ	16832 CORNERWOOD DR.	
Add			ORLANDO, FL 32820	_
X Remove				_
2) Change	Р	MANUEL ANTONIO MARTINEZ	1053 MONTGOMERY LN	_
X Add			POLK CITY, FL 33868	_ ~2
Remove 3) Change				2023 OCT
Add				
Remove				PH 1: 02
4) Change				0
Add				- 2
Remove				<u></u>
5) Change				
Add				
Remove				-
6) Change				_
Add				_
Remove				

The date of each amendment(s) adoption:	, if oth	er than the	
Effective date if applicable:			
(no more than 90 days after amendment file date)		_	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be i	isted as the	
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d sharehold	ier	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		200	
"The number of votes cast for the amendment(s) was/were sufficient for approval	174		, i
STEPHANIA MARTINEZ, CEO	-	CT .	ب. جدر
(voting group)	•	70	
10/03/2023 Dated	<u>ن</u>	2023 OCT 10 PH 1: 02	ا است الناسطة الناسطة
Signature _ En M	1	02	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	·		
STEPHANIA MARTINEZ			
(Typed or printed name of person signing)		_	
CEO			
(Title of person signing)		_	