

L04000056772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200136195472

10/01/08--01014--019 **60.00

FILED

2008 OCT - 1 A 11:40J

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinnacle CTL, 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:

PAUL MORGAN
(Name of Person)

Pinnacle CTL, LLC
(Firm/Company)

114 Camphor Tree Ln
(Address)

Altamonte Springs, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT MORGAN at (407) 539-4539
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pinnacle CJL, 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 7/30/04 and assigned
Florida document number LO4000056772.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

114 Camphor Tree Lane
Altamonte Springs, FL 32714

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:

PAUL W. MORGAN

New Registered Office Address:

114 Camphor Tree Lane

(Enter Florida street address)

Altamonte Springs
(City)

Florida

32714
(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 608, 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.

Paul W. Morgan
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--|--|
| MGR | PAUL W. MORGAN | 114 Camphor Tree Lane ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | PAUL W. MORGAN | 114 Camphor Tree Lane ALTAMONTE SPRINGS, FL 32714 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 29 2008

Paul W. Morgan
Signature of a member or authorized representative of a member

PAUL W. MORGAN
Typed or printed name of signee

2008 OCT - 11 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED