LD600098113

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(Address)			
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

Division of Cor	porations							
support. Pinnacle	e Management Gro	up. LLC	ū					
SUBJECT: 1		ited Liability Company)						
		•						
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
	Lana M. Huston, Esq.							
		(Name of Person)						
	Bly, Sheffield, Bargar, Pl							
		(Firm/Company)						
	3 Lakeview Avenue, PO	· · · · · · · · · · · · · · · · · · ·						
		(Address)						
Jamestown, New York 14702-3327								
		(City/State and Zip Code)						
For further information co	oncerning this matter, please c	ali:	٠.					
Lana M. Huston		at (716) 488-0758						
(Name o	f Person)	(Area Code & Daytime T	'elephone Number)					
Enclosed is a check for the following amount:								
2 \$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

TO:

Registration Section

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

	Management Group			
(Name of the Limited Liability (A Florida Li	Company as it now a mited Liability Compa	ppears on our records.) any)		
The Articles of Organization for this Limited Liability Co. Florida document number L06000098113	mpany were filed on -	October 6, 2006	_ and assig	zned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability compan	y <u>here</u> ;		
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability C	ompany," the designation "LLC	or the ab	bissiation
Enter new principal offices address, if applicable:			2	豆品
(Principal office address MUST BE A STREET ADDRE	ESS)		1 - 7	GENT CO
Enter new mailing address, if applicable:			=======================================	Was del
(Mailing address MAY BE A POST OFFICE BOX)			0	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		on our records, enter the	name of	the new
New Registered Office Address:		(Enter Florida street address), Florida ity) (Zip Code)		
	(City)		(Zip Code))
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent an	nd agree to act in th	his capacity. I further agree	to comply	y with

(If Changing Registered Agent, Signature of New Registered Agent)

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.

If amenting 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

Title	Name	Address	Тур	e of Action
MGR	Robert J. Amos	12121 E. 79th Street Indianapolis, IN 46236	■Z A	idd Lemove
				add Jemove
				.dd .emove
				.dd emove
***************************************			A	dd emove
			Ac	
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Dated Septemb	Malael E	authorized representative of a member		
	Michael E. Amos	•		
	Typed or	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00