(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:
•
A. LUNT
OCT 27 2009
EVABRIAN

Office Use Only



100162124571

10/26/09--01052--016 **25.00

COVER LETTER

Division of C	Corporations	
SUBJECT:	Name of Limited Liability Company	•
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Alberto Carrero Name of Person	
	Pinnacle Tith & Escraw Services, LIC Firm/Company	
	1331 Brickell Bay Dr., Ste Cu-2 ARE STANDER ST	
	Carolina pinacle (Yalux, Un E-mail address: (to be used for future annual report notification)	m
	E-mail address: (to be used for future annual report notification)	7441570
For further information	n concerning this matter, please call:	
Carolin	at (786) 342-7009 e of Person at (786) 342-7009 Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	i)

MAILING ADDRESS:

TO:

Registration Section

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**

Pinnack Ti	the & Es	Serw Ser	vios, Lc	_		
(A Flor	ida Limited Liabilit	ty Company)	r records.			
The Articles of Organization for this Limited Liabili		filed on 6/5	-/07	and assig	ned	
This amendment is submitted to amend the following	g:	•				
A. If amending name, enter the new name of the	limited liability c	company here:				
NA			=1.	21		
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Li	ability Company," the	designation "LLC"	or 🎏 abb	reviation	
Enter new principal offices address, if applicables	:	NA	ASS.	26	******	
(Principal office address MUST BE A STREET AL	DDRESS)	()	in c	<u> </u>	m	
	_			<u>ယ</u> ့		
Enter new mailing address, if applicable:		NA	RIDA	23	<u>.</u>	
Mailing address MAY BE A POST OFFICE BOX	2	(.				
						
B. If amending the registered agent and/or registered agent and/or the new registered office:		address on our rec	ords, <u>enter the r</u>	name of	the new	
Name of New Registered Agent:	NA					
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	City	у	\overline{z}	Zip Code		
New Registered Agent's Signature, if changing Regis	tered 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.

IV 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> Type of Action <u>Name</u> **Address** Nivley Alvarez ☐ Add Remove ☐ Add Remove ☐ Add Remove Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009

Alberto Carrero
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00