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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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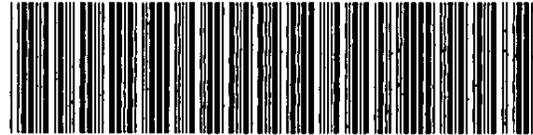
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EXAMINER

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08 JUL 10 AM 10:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FROM :

FAX NO. :

Oct. 06 2006 12:39PM P 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Pinnacle Processing Services, 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:

SAL DIDONATO
(Name of Person)

Pinnacle Processing Services, LLC
(Firm/Company)

61 LINCOLN Highway, STE 12
(Address)

KEARNY NJ 07032
(City/State and Zip Code)

For further information concerning this matter, please call:

SAL DIDONATO at (416) 772-9111
(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

FROM :

FAX NO. :

Oct. 06 2006 12:39PM P 3

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 JUL 10 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pinnacle Processing Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

7/31/07

The Articles of Organization for this Limited Liability Company were filed on ~~07/31/07~~ and assigned Florida document number L07000078815.

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)

61 LINCOLN Highway STE 12
Kearny NJ 07032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

61 LINCOLN Highway STE 12
Kearny NJ 07032

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:

Thomas DiDonato

New Registered Office Address:

6001 SW 70th ST APT # 325

(Enter Florida street address)

South Miami
(City)

Florida

33143

(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.

Thomas D. Donato

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

FROM :

FAX NO. :

Oct. 06 2006 12:39PM P 4

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>
MGRM	ZAHRA, JACK VINCENT	17555 COLLINS Ave, APT # 2303 SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
MGRM	DIDONATO, THOMAS	61 LINCOLN Highway STE #12 Kearny NJ 07032	<input checked="" type="checkbox"/> <u>Add</u> <input type="checkbox"/> Remove
MGRM	DIDONATO, SALVATORE	17555 COLLINS Ave, APT # 2303 Sunny Isles FL, 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> <u>Remove</u>
MGRM	DIDONATO, SALVATORE	61 LINCOLN Highway, STE #12 Kearny NJ 07032	<input type="checkbox"/> <u>Add</u> <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.)

I am familiar with the obligations and
accept all ~~my~~ responsibility with the
position of registered agent.

Thomas Didonato

Dated _____

Sal Didonato
Signature of a member or authorized representative of a member

SAL DIDONATO
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE - FLORIDA

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