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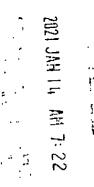
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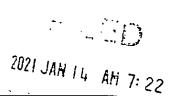
## **COVER LETTER**

TO:

CRYSTAL'S CLEANING	SERVICES NO 9 LLC	•
Name of Lim	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
ED	UARDO X OWATIUS	
	Name of Person	<del></del>
PINY	NACLE CAPITALIST, LLC	
CRYSTAL'S CLEANING SERVICES NO 9 LLC  Name of Limited Liability Company  I Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  EDUARDO N OWATIUS  Name of Person  PINNACLE CAPITALIST, LLC  Firm/Company  11887 54TH STREET NORTH  Address  WEST PALM BEACH, FL 33411  City/State and Zip Code  WDEESINC@GMAIL.COM  E-mail address: to be used for future annual report notification)  information concerning this matter, please call:  N OWATIUS  Name of Person  Area Code  Daytime Telephone Number  Scheck for the following amount:  Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: gistration Section Registration Section Division of Corporations The Centre of Tallahassee lahassee, FL 32314		
1188	7 54TH STREET NORTH	
	Address	· · · · · · · · · · · · · · · · · · ·
WEST	PALM BEACH, FL 33411	
	City/State and Zip Code	
	•	
	·	tification)
concerning this matter, please c	all:	
US		
of Person	Area Code Daytir	ne Telephone Number
he following amount:		
	Certified Copy	Certificate of Status & Certified Copy
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Corporations	Division of Co	rporations
	CRYSTAL'S CLEANING Name of Lim TAmendment and fee(s) are subsondence concerning this matter  PINS  WEST  WDE  E-mail address: 1  concerning this matter, please of US  of Person  the following amount:  SS30.00 Fiting Fee & Certificate of Status  Section Corporations 27	CRYSTAL'S CLEANING SERVICES NO 9 LLC  Name of Limited Liability Company  CAmendment and fee(s) are submitted for filing.  Condence concerning this matter to the following:  EDUARDO X OWATIUS  Name of Person  PINNACLE CAPITALIST, LLC  Firm/Company  11887 54TH STREET NORTH  Address  WEST PALM BEACH, FL 33411  Cny/State and Zip Code  WDEESINC@GMAIL.COM  E-mail address: tto be used for future annual report no concerning this matter, please call:  US  Of Person  Area Code  Daytin  be following amount:  S30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S8:  Section  Corporations  Division of Corporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	INING SERVICES NO 9 LLC	• .	1. 22
(Name of the Limited Liz	ibility Company as it now appearida Limited Liability Company)	irs on our records.)	
(A Flo	orida Limited Liability Company)	₹	
The Articles of Organization for this Limited Liabilit	y Company were filed on	07/16/2008	and assigned
Florida document number L08000068812	<del></del> -		
This amendment is submitted to amend the following	<u>.</u> :		
A. If amending name, enter the new name of the	limited liability company h	ere:	
PINNACLE CAPITALIS	ST, LLC		
The new name must be distinguishable and contain the words."	Limited Liability Company." the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Enter new principal offices address, it applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Trading diaress MAY DE ATTOST OF THE DOX			
			<del></del>
B. If amending the registered agent and/or registe	red office address on our r	ecords, enter the nar	ne of the new registered
agent and/or the new registered office address her		<del>.</del>	
Name of New Registered Agent:	<del></del> .		· · · <u> </u>
Manufleria de OCC			
New Registered Office Address:	Entire U.	rida street address	<del></del>
	EHRT 140.	riaa sireet aaaress	
		Florida	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Register	arad Agants		
New Registered Agent's Signature, if Changing Registr	ered Agent.		
Thereby accept the appointment as registered age	nt and agree to act in this	capacity. I further as	gree to comply with the
provisions of all statutes relative to the proper and	d complete performance of	my duties, and Lam	familiar with and
accept the obligations of my position as registered	Lagent as provided for in C	Chapter 605, F.S. Or	, if this document is
being filed to merely reflect a change in the regist	ered office address. I herei	by confirm that the li	mited liability
company has been notified in writing of this chang	₹€'.		·

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	<u>Name</u>	Address	2021 JAN 14 AM 7: 22	Type of Action
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etive date, if other than the date of fili effective date is listed, the date must be specific a 1 If the date inserted in this block does not ment's effective date on the Department of	nd cannot be prior to date of fil . meet the applicable statuto	ing or more than 90 days after filing.) Purs	
ord specifies a delayed effective date, but n filed.	of an effective time, at 12:0	H a.m. on the earlier of: (b) The 90th	ı day after
DECEMBER 30TH	2020		
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