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EXAMINER



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12 FEB 15 PH 2: 2

COVER LETTER

	on Section f Corporations		46
SUBJECT:	EOS	GROUP, LLC	^*
SCBULCI.		nited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	abmitted for filing.	11.2.
Please return all cor	respondence concerning this matte	er to the following:	12 FEB 15 PH 2:
		John S. Elwood	15
		Name of Person	PH
		Firm/Company	
		424 Oak Pond Drive	
		Address	
	Ja	cksonville, Florida 32259	
	nin	City/State and Zip Code naclehome21@aol.com	
	E-mail address:	(to be used for future annual report notification)	
For further informat	ion concerning this matter, please	call:	
	John S. Elwood	at (904) 383-50	
Na	ame of Person	Area Code & Daytime Telephor	ne Number
N L.	for the following amount:		
\$25.00 Filing Fe	Certificate of Status		60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di P.	AILING ADDRESS: Igistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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12 FEB 13		
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EOS GRO	OUP, LLC inv as it now appears on our records.) Ciability Company)	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	ာ တ
The Articles of Organization for this Limited Liability Company	were filed on01/12/2009 and assigned	đ
Florida document numberL0900003329		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
PINNACLE HOME S	SOLUTIONS, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbrev	viation
Enter new principal offices address, if applicable:	424 Oak Pond Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32259	
Enter new mailing address, if applicable:	424 Oak Pond Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Florida 32259	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our records, <u>enter the name of the</u>	new
New Registered Office Address:	Enter Florida street address	—
	, Florida	
 	City 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.

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

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If ameno	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
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	February 8 20	112 Elwood	

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Filing Fee: \$25.00