# L090000 a9935

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2015 APR -6 PM 2:01
SECRETARY OF STATE

4PR 2 1 2015 J. HARRIS

## SETH Z. JOSEPH

law Office

Direct Dial: 305.445.0344 Sjoseph@josephlawfirm.com

April 1, 2015

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Pinnacle Advisors, LLC Articles of Amendment

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Incorporation of Pinnacle Advisors, LLC

This firm's check in the amount of \$25.00 is attached to cover the fee.

Very truly yours

If you should have any questions, please do not hesitate to contact this office.

Thank you for your courtesy and cooperation,

Encls.

#### **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Pinnacle	Advisors, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The encloses	A Articlas of	Amendment and fee(s) are sub	amitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		Seth Z. Joseph		
			Name of Person	
		Law Office of Seth 2	Z. Joseph, P.A.	
			Firm/Company	<del></del>
255 Alhambra Circle, Suite 1250				
			Address	
		Coral Gables, Florid	la 33134	
			City/State and Zip Code	
		sjoseph@josephlawf		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please c	all:	
Seth Z. J	oseph		305 445-5383	
	Name of	f Person	at ()	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	NC ADDRESS:	STREET/COURIE	TD ADDDFSS.

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

Pinnacle Advisors, LLC				
(Name of the Limit	ed Liability Comps (A Florida Limited )	<mark>iny as it now ar</mark> Liability Compa	npears on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L09000029935</u> This amendment is submitted to amend the following the content of the content is the content of t	·	were filed or	03/26/2009	and assigned
A. If amending name, enter the new name of	the limited liab	oility compan	<u>y here</u> :	
The new name must be distinguishable and end with the	words "Limited Liab	oility Company,	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	Calle Pre	esidente Vasquez#	88 La Zona
(Principal office address MUST BE A STREE		Puerto P	lata, Dominican Ro	epublic
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/oregistered agent and/or the new registered office.  Name of New Registered Agent:	or registered o	<u>'e</u> :	s on our records, <u>en</u>	ter the name of the ne
New Registered Office Address:	255 Alhami	ora Circle,	Suite 1250	
			Florida street address	
	Coral Gable	es Citv	, Florida	33134 Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:	•		s.p code
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in which we will be a company has been notified in writing the company has been notified in which we will be a company has been notified in which we will be a company has been notified in which weare which we will be a company has been notified in which we will	er and complete stered agent as p egistered office	performanc provided for address, I h	e of my duties, and 1] ipChapter 605, F.S.	um familiar with and Or, if this document is e limited liability

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	William A. Dakak	6580 INDIAN CREEK DRIVE #511	
		MIAMI BEACH, FL 33141	■ Remove
MGR	Basilio Alvarez	Calle Presidente Vasquez#88 La Zona	■ Add
		Puerto Plata, Dominican Republic	□ Remove
			<del></del>
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			□ Remove
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including any other intori	mation, enter change(s) here: (Attach additional sheets, if necessa
tive date, if other than t fective date must be specific, o	the date of filing: (optional annot be prior to date of receipt or filed date and cannot be more than 90 days after
	e Florida Department of State)
March 20	2015
New	a.DU
	Signature of a member or authorized representative of a member
William A. Daka	الما
William A. Daka	IN .

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAIL