

LIC CC00 11712

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

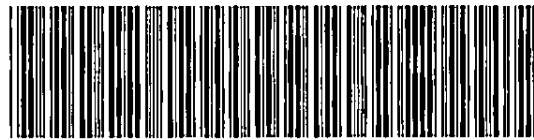
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C. GOLDEN

SEP 19 2020

10/11/20 10:00 AM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PINNACLE PARKING SYSTEMS, 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:

SAED SATTEL  
Name of Person

PINNACLE PARKING SYSTEMS, LLC  
Firm/Company

516 NE 13 STREET  
Address

FORT LAUDERDALE, FL 33304  
City/State and Zip Code

saed@pinnacleparkingsystems.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAED SATTEL at ( 954 ) 626-6868  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PINNACLE PARKING SYSTEMS, LLC

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

2010 FEB 1 PM 4:31

The Articles of Organization for this Limited Liability Company were filed on FEB 1, 2010 and assigned  
Florida document number L10000011712.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A - SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A - SAME

(Mailing address MAY BE A POST OFFICE BOX)

**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:

SAED SATTEL

New Registered Office Address:

516 NE 13 STREET

Enter Florida street address

FORT LAUDERDALE

City

Florida

33304

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 605, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	DOUGLAS D. TINKLEPAUGH	2/01 NE 29 COURT	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MMGR	SAED SATTA	3859 SAN SIMEON CIRCLE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

Aug 1, 2020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 20, 2020

ed representative of a n

SAED SATTAL

Typed or printed name of signee

**Filing Fee: \$25.00**