

L1000000/2444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

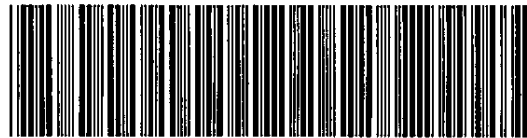
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2014 SEP 25 PM 12 56
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09/16/14--01016--023 **25.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PINNACLE EQUITY 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:

STEPHEN W. HAYWOOD

Name of Person

PINNACLE EQUITY LLC

Firm/Company

P O BOX 101526

Address

CAPE CORAL, FL 33910-1526

City/State and Zip Code

STVEHAYWOOD99@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. J. FUNK

Name of Person

at **(239) 541-3160**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILED
2014 SEP 25 PM 12:56
TALLAHASSEE, FL 32301
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PINNACLE EQUITY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/03/2010

Florida document number L0000012444

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 101526

Cape Coral, FL 33910-1526

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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2010 SEP 25 PM 1:56
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luis F. Correa	2500 DelPrado Blvd	<input checked="" type="checkbox"/> Add
		2nd Floor, Suite A	<input type="checkbox"/> Remove
		Cape Coral FL 33904	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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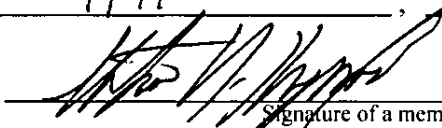
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2014 SEP 24 PM 12 56
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/11, 2014.



Signature of a member or authorized representative of a member

Stephen W. Haywood

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP 25 PM 12:56
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE 17TH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA