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COVER LETTER

Divisi	ion of Corp	orations :		
SURJECT:	CS & R CON	ISULTING GROUP, LLC		
SOMBOT		Name of Limit	ed Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are subm	nitted for filing.	•
Please return a	ll correspond	lence concerning this matter to	o the following:	•
		ADRIANA P. RINALDI		
			Name of Person	
		CS & R CONSULTING GF	ROUP, LLC	
Name of Person CS & R CONSULTING GROUP, LLC Firm/Company 5800 SW 177 AVE Address MIAMI, FL 33193 City/State and Zip Code rinaldi_adriana@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIANA P. RINALDI Name of Person Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$3000 Filing Fee & \$60.00 Filing Fee,				
		5800 SW 177 AVE		
			Name of Person R CONSULTING GROUP, LLC Firm/Company SW 177 AVE Address II, FL 33193 City/State and Zip Code adriana@hotmail.com E-mail address: (to be used for future annual report notification) this matter, please call:	
		MIAMI, FL 33193		
	•	rinaldi_adriana@hotmail.com		· · · · · · · · · · · · · · · · · · ·
		, 1 , er	••	cation)
For further info	ormation con	cerning this matter, please cal	l:	;
ADRIANA P.	RINALDI			,
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount: :		
□ \$25.00 Fili	ng 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)
	•	·		

(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2015 DEC 28 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CS & R CONSULTING GROUP, LLC

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

	00/1		
The Articles of Organization for this Limited Liability Com	pany were filed on 09/1	6/2010	and assigned
Florida document number L10000096953			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
PINNACLE MOVERS AND LOGISTICS, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
, and the second			
B. If amending the registered agent and/or registered		our records, enter	the name of the new
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:	, <u></u>		
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	Zip Code
	City	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>rent:</u>		

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

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

MGR : M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			□ Remove
			□ Change
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Effecti	ve date, if other than the date of filing: (optional)	
If an effe Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 (as t
docum	ent's effective date on the Department of State's records.	
h		_
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	or:
Dated_	10 of December, 2015.	
	Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member Adriana Linaldi	

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Filing Fee: \$25.00