## 111000084153

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## COVER LETTER

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Ī			MENT LLC	
SUBJECT: _	Division of Corporations  PINNACLE ASSOCIATION MANAGEMENT LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    KATHERINE PASS			
The enclosed A	Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return a	III correspond	ence concerning this matter	to the following:	
		KATHERINE PASS		
			Name of Person	
		PINNACLE ASSOCIATIO	ON MANGEMENT, LLC	
			Firm/Company	
		1648 SE PORT ST LUCIE	BLVD	
			Address	
		PORT ST LUCIE, FL 349	52	
		City/State and Zip Code		
		_		
		E-mail address: (t	to be used for future annual repor	notification)
For further infe	ormation con	cerning this matter, please ca	all:	
KATHERINE	PASS			52
	Name of Po	erson		sytime Telephone Number
Enclosed is a c	check for the	following amount:		
■ \$25.00 Fil:	ing Fee		Certified Copy	Certificate of Status &

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

PINNACLE ASSOICATION MANAGEMENT, 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  $\frac{07/21/2011}{1}$ and assigned Florida document number 111000084153 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

## 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

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

MGR = M AMBR = A	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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	This ammendment is submitted to amend the following:			
	The officers of the Company are:			
	David L Bessette - President			
	Katherine L Pass - Vice President and Treasurer			
	Gail M Logan - Vice President		<del>_</del>	
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fan e Note:	tive date, if other than the date of filing:	ursuant to	605.02 listed	!07 as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the ea	arlier	of
Dated	October 1, 2015.			

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Filing Fee: \$25.00