

L12000040211

Florida Department of State  
Division of Corporations  
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((H17000240953 3)))



H1700024095334BC

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CERTIFIED SERVICES COMPANY OF LEE COUNTY LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**FAX COVER SHEET**

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Lee Ann Rivera
DATE	2017-09-08 08:14:26 PDT
RE	((H17000240953 3))) CERTIFIED SERVICES COMPANY OF LEE COUNTY LLC - 522852787

**COVER MESSAGE**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CERTIFIED SERVICES COMPANY OF LEE COUNTY LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

mareweiskopf@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

800 773-0888 ext. 9724

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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**  
2017 SEP 13 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFIED SERVICES COMPANY OF LEE COUNTY 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 03/22/2012 and assigned  
Florida document number L12000040211

This amendment is submitted to amend the following:

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

Pinnacle Services Network, LLC

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:

4706 Chiquita Blvd S Suite 200-437

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, Florida 33914

Enter new mailing address, if applicable:

4706 Chiquita Blvd S Suite 200-437

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, Florida 33914

**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

City, Florida 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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
JANUARY 13, 2017

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

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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 8/24 2017

Signature of member or authorized representative of a member

Marc Weiskopf

Typed or printed name of signee

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