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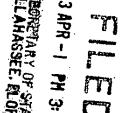
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COVER LETTER

TO: Registration Section
Division of Corporations

RIFCT. PTR Staffing Florida, 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 Kovac

Name of Person

PTR Staffing Florida, LLC

Firm/Company

415 55th Ave

Address

St. Pete Beach, FL 33706

City/State and Zip Code

tyzfinancial@hotmail.com

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

For further information concerning this matter, please call:

Tony Peterson

_.,561,891-0915

Name of Person

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

PTR Staffing Florida, LLC

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

The Articles of Organization for this Limited Liabi	lity Company were filed on 01/24/2013	and assigned
Florida document number L13000012817	·	*
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Pinnacle Professional Services Group, L	LC	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		ls, enter the name of the new
	Enter Florida	street address
_	, т	Plorida
	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 608, 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 Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Add Remove Add Remove Remove Remove

Remove

Remove

amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
	MX A
	Signature of a member or authorized representative of a member
	Tony Peterson, CFO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00