L140000 20750

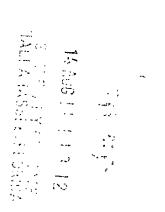
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то:	Registration Sec Division of Corp		•	r ·	
SUBJE	Pinna	cle Services,	LLC		
SUBJE	.cr:		nited Liability Company	·	
The en	closed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Rick Sitzer			
			Name of Person		
		Pinnacle Se	rvices, LL	C	
			Firm/Company		
		101 N. Woo	dland Blvd	d #307	
			Address		
		DeLand, FL	. 32720		
			City/State and Zip Co	ode	
		ricks@pinnacles			
		E-mail address:	(to be used for future and	nual report notification))
For fur	ther information co	ncerning this matter, please c	eall:		
Ric	k Sitzer	•	_{at} (386)	789-1316	3
	Name of	Person	Area Code	Daytime Telepl	hone Number
Enclos	ed is a check for the	e following amount:			
s 2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	у	\$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

Pinnacle Services, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000020750</u>	mpany were filed on 02/06/2014 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the words "Limi	ited 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 ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r the name of the ne
		2200
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
Now Desirtand Assetts Cinnetons of sharping Desirtand	City	Zip Code
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is

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>	Address	Type of Action
AMBR	Austin Squitieri	6130 Del Mar Dr.	= Add
		Port Orange, Fl. 32127	Remov¢
MGR	Ruth Vines	6130 Del Mar Dr.	
		Port Orange, Fl. 32127	■ Remove
***************************************			Add
			□ Remove
			□ Add
		<u> </u>	□ Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			🗆 Add
			_□ Remove

D. If affending any other informat	on, enter change(s) here. (Anach dadnional sheets, if necessary.)
the date this document is filed by the Flo	be prior to date of receipt or filed date and cannot be more than 90 days after
Dated August 8	2014
78	
	gnature of a member or authorized representative of a member
Rick Sitzer	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00