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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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I'm HARRIS

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJEC	Pinnacle Ser	rvices, LLC		
SUBJEC	, I i	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Rick Sitzer		
			Name of Person	
		Pinnacle Services, LLC		
			Firm/Company	
		1412 Intrepid Drive, Units	A & B	
			Address	
		DeLand, FL 32724		
			City/State and Zip Code	
		ricks@pinnacleservicesusa.		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Christine Steveson, Office Mgr		386 748-2420 at ()		
	Name of	Person Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fec	■ \$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

Pinnacle Services, LLC						
(Name of the Limite	ed Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
ne Articles of Organization for this Limited Lia orida document number L14000020750	ability Compan	y were filed on Fe	ebruary 6, 2014	± 	and ass	iigned
is amendment is submitted to amend the follo	owing:					
If amending name, enter the new name of	the limited lia	bility company h	ere:			
'A						
e new name must be distinguishable and contain the wo	ords "Limited Liab	oility Company," the	designation "LLC" or	the abbrevia	ation "L.	L.C."
ater new principal offices address, if applica	able:	N/A				
rincipal office address MUST BE A STREE	T ADDRESS)					
				<i>≱-::</i>	2017	
				>- \- 	#10 G	Ϊį
iter new mailing address, if applicable:		N/A		*: } 	32	P****
Mailing address MAY BE A POST OFFICE BOX)				244 - e 7) <u>. </u>		# #
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				¥ 3.		
If amending the registered agent and/o	or registered	office address o	n our records, <u>e</u> i	nter the	name	of the
gistered agent and/or the new registered of	fice address he	<u>re</u> :				
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Flo	rida street address			
			, Florid			
		City			ip 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Austin Squitieri	1412 Intrepid Dr., Units A & B	□ Add
		DeLand, FL 32724	■ Remove
			☐ Change
VP	Joshua Stanton	1412 Intrepid Dr., Units A & B	
		DeLand, Ft. 32724	■ Remove
			Change
			Remove
			Change
		·*···	Remove
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ffective date, if other than the date must land effective date is listed, the date must late. If the date inserted in this blockward of the Deposition of th	be specific and cannot be prior ck does not meet the applica	to date of filing or more tha able statutory filing requ	(optional) in 90 days after filing.) irements, this date v	Pursuant to 6 will not be I	505,0207 isted as
				on the ea	
		t an effective time,	at 12:01 a.m. o	on the ear	rlier o
The 90th day after the reco	rd is filed.	t an effective time,	at 12:01 a.m. (
The 90th day after the reco		t an effective time, 	at 12:01 a.m. (
The 90th day after the reco	rd is filed.	t an effective time, 	at 12:01 a.m. c		
The 90th day after the reco	rd is filed.	<u> </u>		ALL AHASSI	2617 Aug 25
Dated August 22 Rick Sitzer	rd is filed.	<u> </u>		ALL AHASSI	

Page 3 of 3

Filing Fee: \$25.00