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•		
(Re	questor's Name)	
(Add	dress)	
(Adı	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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COVER LETTER

TO:

	Registration Se Division of Co			*\a_{0}
CUBIEC		E SERVICES, LLC.		
SUBJEC	,j:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		RICK SITZER		
			Name of Person	
		PINNACLE SERVICES. I	LC	
			Firm/Company	
		951 N. VOLUSIA AVE	SUITE 500	
			Address	-
		ORANGE CITY, FL. 3276	53	
			City/State and Zip Code	
		RICKS@PINNACLESERV	ICESUSA.COM to be used for future annual report noti	fication)
For furth	er information o	concerning this matter, please co		meanon,
RICK SI	TZER		386 7891316 at ()	
	Name o	of Person		e Telephone Number
Enclosed	is a check for t	he following amount:		
□ \$25.0	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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of T	porations
			Tallahassee, FL	•



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2020

RICK SITZER PINNACLE SERVICES LLC. 951 N. VOLUSIA AVE #500 ORANGE CITY, FL 32763

SUBJECT: PINNACLE SERVICES LLC.

Ref. Number: W20000113962

We have-received your document for PINNACLE SERVICES LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000020750.

Please list a complete principal office address.

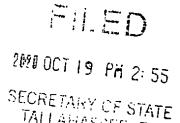
If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE / Regulatory Specialist/II

Letter Number: 220A0001927.0

91:11HW 61130020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PINACLE SERVICE	SECRETARY OF STATE TALLAHASSEE, FL
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number L14000020750	ere 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 limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
VP	STATON, JOSHUA		
			≣Remove
			□Change
VP	STEVE CPOOEDGE		■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		,	Change
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PLEASE CHECK LETTER 220A00019270	
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	ASS C
	SEE, F
	FL 135
10.12.2020	
ective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
anion beneather date on the bepartment of state of teedras.	
cord specifies a delayed effective date, but not an effective time.	, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
10.12.2020	
ed	

Typed or printed name of signee