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(Requestor's Name)
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

1110ffe. 050 550 1500
ACCOUNT NO. : 12000000195
REFERENCE : 516992 7949742
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : February 26, 2015
ORDER TIME : 9:15 AM
ORDER NO. : 516992-010
CUSTOMER NO: 7949742
DOMESTIC AMENDMENT FILING NAME: PINNACLE SERVICES MANAGEMENT GROUP LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

	gistration Secti vision of Corpo				
CUD IF CT		E SERVICES MANAGI	EMENT GROUP, LLO	С	
SUBJECT	:	Name of Limi	ted Liability Company		-
The enclose	ed Articles of Ar	nendment and fec(s) are subr	nitted for filing.		
Please retur	n all correspond	ence concerning this matter t	o the following:		
		 	Name of Person	<u>.</u>	
			Firm/Company	44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
			Address		
			City/State and Zip Code		
		E-mail address: (t	o be used for future annual re	port notification)	_
For further	information con-	cerning this matter, please ca	11:		
			at (
	Name of Po	erson	at () Area Code	Daytime Telephone Nun	ıber
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 enclo	Certi sed) Certi	Filing Fee, ficate of Status & fied Copy onal 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 MANAGEMENT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Li	imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L14000063856</u>	npany were filed on $\frac{04/18/2014}{}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-A	ACE 5
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	AHASSE TARE
Enter new mailing address, if applicable:		PH TI
(Mailing address MAY BE A POST OFFICE BOX)		ORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	Uhasa
	Enter Pioriaa sireet da	aress
	City	, Florida
Non-Decistand Annals Company (fabruais - Decistand A	Cny	Lip 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			AS DE MOVE
			SSET OF AND
			TALLAHASSEE. FLORIDA
			☐ Add
		<u></u>	□ Remove
			Add
			□ Remove
			Add
			☐ Remove

We are changing the purp	ose of the company. We are a consulting company.
tive date, if other than the d	ate of filing: (optional)
ffective date must be specific, canno	be prior to date of receipt or filed date and cannot be more than 90 days after
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ffective date must be specific, cannot ate this document is filed by the Flow	be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State) 2015 Anature of a member or authorized representative of a member

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALL AHASSES FLORIDA