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A. RAMSEY
MAY 3 \$ 2023

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations Pinnacle Drafting and Design LLC SUBJECT: _ 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: Raymond Kearney Name of Person Firm/Company 8045 Bridgeport Bay Circle Address Mt Dora, FL 32757 City/State and Zip Code REDLINE4D@outlook.com (and) radokaniko@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Kearney Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & **■ \$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO g and Design LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ARTICLES OF ORGANIZATION

Pinnacle Drafting and Design LLC

The Articles of Organization for this Limited Liability	Company were filed on 2/20/2015	and assigned
Florida document number L15000032289		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
REDLINE Professional Drafting & Design LLC		
The new name must be distinguishable and contain the words "L	limited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, <u>er</u>	nter the name of the new registered
agent and/or the new registered office address here	<u>:</u>	
M. CM. D. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		. Florida
	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 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>	<u>Name</u>	Address	Type of Action
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