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	Address)
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(City/State/Zip/Phone #)
	Business Entity Name)
	(Document Number)
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TO: Registration Section Division of Corporations

13DG PINNACLE FUNDING, LEC

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:

NOEL VEITIA

Name of Person

DG PINNACLE FUNDING, LLC

Firm Company

782 NW 42 AVE STE 450

Address

MIAMI, FL 33126

City/State and Zip Code NVEITIA@DGPINNACLE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 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 $F \mid L \models D$ OF

DG PINNACLE FUNDING, LLC		2019 HAR	18 P 🕏	12
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appear inited Liability Company)	rs en que recore	整件 GF STA SSEE. FLOR	
The Articles of Organization for this Limited Liability Cor Florida document number 115000185904	npany were filed on 11			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	d liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	<u></u>			
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 addre		1 our record	s, <u>enter the</u>	<u>name of the new</u>
Name of New Registered Agent:	<u></u>			
New Registered Office Address:	Enter Flo	rida street addre.	3.8	
		E	lorida	
	City		/	ap 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 complement 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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	GERARDO GONZALEZ	782 NW 42 AVE STE 450 MIAMI, FL 33126	🖬 Add
			🗇 Remove
			🗇 Chary s
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			Remove
		······	Change
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			O Add
			🗖 Remove
			🗐 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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03/09/2019

If the record 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 record is filed.

Dated 9TH DAY 0	OF MARCH	
	Signature of a member or authorized representative of a member $N \circ e (V) e i + i A$ Typed or printed name of signee	

Page 3 of 3