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## **COVER LETTER**

Division of Cor			
	Pincapple	Capital Group LLC	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Dharmang Shah	
		Name of Person	
		Pineapple Capital Group LLC	
		Firm/Company	<del></del>
		3324 Peachtree Road NE	
		Address	
		Atlanta, GA, 30326	
		City/State and Zip Code	<del></del>
		dave@pineapplecapitalgroup.com	
	E-mail address: (	to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
Mahesh Shah		850 960.8595	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	oution
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINEAPPLE CAPITAL GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(X Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/16/2016}{1}$ and assigned Florida document number \_\_\_\_\_1.16000085034 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Nikita Shah Enter new principal offices address, if applicable: 3324 Peachtree Road NE, Atlanta, GA, 30326 (Principal office address MUST BE A STREET ADDRESS) 404,402,0110 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

## 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, 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
MGR	Nikita Shah	3324 Peachtree Road NE, Atlanta, GA, 30326	<b>=</b> Add
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			🗆 Change
	<del></del>		🗆 Add
			□Remove
		<del> </del>	
<del></del>			□Add
			□Remove
		<del></del>	□Change
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(It an effective d <u>Note:</u> If the	e, if other than the date ate is listed, the date must be slate inserted in this block offective date on the Depart	specific and c does not me	cannot be prior set the applica	able statutory	filing require	ments, this c	ling.) Pursuant	
the record speci ecord is filed.	fies a delayed effective dat	e, but not a	n effective ti	me, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	y after the
Dated	/ - / F	·	2022	·,				
		Z	Dharma	ang Sh	ah			
	Sign	ature of a me	ember or autho	orized represer	tative of a men	iber		<del></del>

Filing Fee: \$25.00