L17000120753

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon-	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

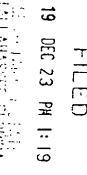
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JAN 2 5 2020 S. YOUNG



COVER LETTER

TO:

Registration Section

Division	of Corporations				
	acleQuote LLC				
SUBJECT:	<u>.</u>	Name of Lin	nited Liability Company		
The enclosed Arti	cles of Amendment	t and fee(s) are sub	omitted for filing.		
Please return all co	orrespondence con	cerning this matter	to the following:		
	Daniel F	⁹ Ray			
			Name of Person		
	Pinnacle	Quote LLC			
			Firm/Company	<u>. </u>	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Daniel P Ray				
			Address		
	Jackson	ville, FL.32256			
			City/State and Zip Code		
	dray@pu		to be used for future annual	report notification)	
For further inform	ation concerning th			,	
Daniel P Ray)-3300	
	Name of Person			Daytime Teleph	one Number
Enclosed is a chec	k for the following	amount:			
□ \$25.00 Filing			Certified Copy		Certificate of Status & Certified Copy
Division	of Corporation	is	Division	n of Corporation	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

10		
ARTICLES OF ORGANIZATION	19	
OF	물 : 뭐 -	
	- 野田 つ -	<u>.</u> _
PinnacleQuote LLC		m
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	7	_
The Articles of Organization for this Limited Liability Company were filed on 06/02/2017	and assigne	d
Florida document number 1.17000120753	i ge a	
This amendment is submitted to amend the following:		

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PinnacleQuote LLC 9428 Baymeadows Road, Suite 112			
Enter new mailing address, if applicable:	(SAME)			
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>			
	address on our records, <u>enter the name of the new registe</u>			

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cory Levine	9867A Box Gardons +11	= Add
		Boca Raton, FL 3 2496	□Remove
			□Change
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November 23	201	9			
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Typed or printed name of signee