## L17000161483

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## **COVER LETTER**

Division of Co	•		
SUBJECT:	Mobile Tax Solutions LLC  Number of Limit	ted Liability Company	
	Name of Emili	ica traomy Company	
The enclosed Articles o	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	pondence concerning this matter (	to the following:	
	Brian L. Lynch		
		Name of Person	
	Pinnacle Mobile Tax Solut	ions LLC	
		Firm/Company	
	2284 Windsor Crest Loop		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Apopka Florida 32712		
	bllynch19@gmail.com	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notif	lication)
For further information	concerning this matter, please ca	dt:	
Gardy Jean		321 946-5891	
Name	of Person	at ()	e Telephone Number
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 OF



2019 SIP 23 PH 4: 43

Pinnacle Mobile Tax Solutions LLC

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

The Articles of Organization for this Limited Liability C	lompany were filed on $\frac{07/28/26}{2}$	and assigned
Florida document number L17000161483		
This amendment is submitted to amend the following:		
ter new mailing address, if applicable:    diling address MAY BE A POST OFFICE BOX   If amending the registered agent and/or registered office address on our records, enter the name of the new		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designa	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI		
Enter new mailing address, if annlicables		
•	<del>-</del>	- <del> </del>
Imating dadress SEAT BE A FOST OF FICE BOXY	-	
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	Enter Florida st	reet address
<del></del>		Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my a gent as provided for in Chapa	luties, and I am familiar with and ter 605, F.S. Or, if this document is
	H Changing Registered Agent, S	iignature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gardy E. Jean	335 N. Magnolia Ave Apt 509 Orlando, FL 32801	Add
			Remove
			□ Change
			🗆 Add
			☐ Remove
			Change
			Add
			□ Remove
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			□ Add
		☐ Remove	
			Change
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. It amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
	20/22/2010	
Effective date, if other than the office of the date inserted in this blo-document's effective date on the Department of the date of the Department of the D	date of filing:	i.0207 ( ed as t
the record specifies a delayed ) The 90th day after the reco	effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlied ord is filed.	er of:
Dated September 19	2019	
	<del>y</del>	
	Signature of a member or authorized representative of a member	
	Brian L. Lynch Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00