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(Re	questor's Name)	
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J. HARRIS

Division of	f Corporations
Pinnae SUBJECT:	cular Technologies LLC
	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Rodney Hoover
	Name of Person
	Pinnacular Technologies LLC
	Firm/Company
	3907 W San Carlos St
	Address
	Tampa, FL 33620
	City/State and Zip Code sparetherod@icloud.com
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
Rodney Hoover	at () Area Code Daytime Telephone Number
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	ce □ \$30.00 Filing Fec & □ \$55.00 Filing Fec & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ORGANIZATION **OF**

Pinnacular Technologies LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	·
Articles of Organization for this Limited Liability Company were filed on W17000074051 L17000191986		and assigned
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 L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The second secon
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	3. 8
Enter new mailing address, if applicable:		26
(Mailing address MAY BE A POST OFFICE BOX)		7 R
		5 0 0 m
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sabina Hoover	3907 W San Carlos St Tampa, FL	■ Add
			☐ Remove
			Change
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late of filing:		(optional)		- -
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Page 3 of 3

Filing Fee: \$25.00