## U7000 223302

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## **COVER LETTER**

Div	ision of Corpo	orations		
200 1222		INVESTMENT STRATEGIE	S LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		GIANCARLOS VARGAS		
		<del></del>	Name of Person	
		PINNACLE INVESTMEN	T STRATEGIES LLC	
			Firm/Company	
		601 N CONGRESS AVE S	SUFFE 434	
			Address	
		DELRAY BEACH FL 334	45	
			City/State and Zip Code	
		GINO@PTSDELRYA.CON		
		E-mail address: (t	o be used for future annual report notif	ication)
For further in	iformation cor	neerning this matter, please ca	dl:	
GIANCARL	.OS VARGAS		786 280-4466	
	Name of I	Person Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fec	\$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

TO:

Registration Section

Tatlahassee, 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

PINNACLE INVESTMENT STRATEGIES				
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it a Limited Liability	<del>дом ярреять оп оцг ге</del> Company)	cords.)	
he Articles of Organization for this Limited Liability C	Company were fi	led on 05/25/2018		and assigne
forida document number L17000223302	·			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the lim	nited liability co	mpany here:		
he new name must be distinguishable and contain the words "Lim	nited Liability Com	pany," the designation "	LLC" or the at	obreviation "L.L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	RESS)			
				-
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or regis	stered office ac	ldress on our rec	ords, <u>enter</u>	the name of t
egistered agent and/or the new registered office add	<u>iress here</u> :			ALLA SEGI SEGI
				A
Name of New Registered Agent:				<u> </u>
New Registered Office Address:				23.5 1.4
New Registered Office Address.		Emer Florida street ad	ldress	A.
			E1 11	0/A
	Cit		, Florida <u> </u>	E Chr. Cob

## 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>	<u>Address</u>	Type of Action
MGR	JILL WEBB	9504 EQUUS CIRCLE	
		BOYNTON BEACH FL 33472	□ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			Remove
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<u>iote:</u> If th	e date insert	ted in this block ate on the Depa	c does not m	eet the appl	cable statute				
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		a delayed e		ate, but n	ot an effe	ctive time,	at 12:01 a	m. on th	e earlier
The 90t	in day aft	er the recor	d is filed.						
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Filing Fee: \$25.00