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COVER LETTER

TO: Registration Division of	n Section Corporations				
	Drywall LLC				
JOBSECT.	Name of Li	nited Liability Company	·		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
	Joseph D. Hilton, Sr.		 		
		Name of Person			
	Pinacle Drywall LLC	- Printens.			
		Firm/Company			
	1216 Magellan Drive				
		Address			
	Sarasota, FL 34243			:	
		City/State and Zip Code		3	: 12 31773
	vincentm@pinacledrywall.	com (to be used for future annual report notific		SEP	5 % 6 %
For further informatio	n concerning this matter, please c	•	ано <i>п</i>	20	
Dan Hilton		267 981-0951		A rt 9:	관유학 유학
Nan	ie of Person		Telephone Number		ATIOHS
Enclosed is a check fo	r 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 enclo		

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, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINA	CLE DRYWALL LL	.C	
(Name of the Limited Liability C (A Florida Lin	ompany as it now appunited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Complete Horida document number L18000064497	pany were filed on _	03/12/2018	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	Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		يز.
			19 SEP
Enter new mailing address, if applicable:			2
Malling address MAY BE A POST OFFICE BOX)		18.00	3 00 00 00 00 00 00 00 00 00 00 00 00 00
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address o here:	m our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
		, Florida	
	City	, 1 101100	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
VP	DANIEL L. TERRA	1216 MAGELLAN DRIVE, SARASOTA, FL 34243	Add
			Remove
			Change
			D Add
		·	□ Remove
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	L and T 				
Tective date, if other in effective date is listed, if the date inserted cument's effective date	ne date must be specif in this block does	ic and cannot be prio not meet the appli	r to date of filing or me cable statutory filin	ore than 90 days after g requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a:
record specifies a he 90th day after	delayed effecti the record is fi	ve date, but no led.	ot an effective t	ime, at 12:01 a	.m. on the earlier o
ed		2019			
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Uniem	t Meg	Derro	orized representative		

Page 3 of 3

Filing Fee: \$25.00