## U80000851104

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



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5/10/23 Vul



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## **COVER LETTER**

Div	ision of Corp	porations			
SUBJECT:	PINNACLE	POINT MANAGEMENT, L	LC		
Name of Limited Liability Company					
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Trenton Parete			
		•	Name of Person		
		PINNACLE POINT MAN	AGEMENT, LLC		
			Firm/Company	<del> </del>	
		264 Whisper Rock Drive			
			Address		
		Ponte Vedra, Florida 3208	1		
			City/State and Zip Code	<u>.</u>	
		trentonparete@gmail.com		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual report notif	(cation)	
For further in	nformation co	oncerning this matter, please co	all:		
Trenton Par	ete		904 838-6504 at ()		
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 E	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

our records.)
, 2018 and assigned
nation "LLC" or the abbreviation "L.L.C."
2023
HAR 20
- FAI 2
rds, <u>enter the name of the new register</u>
street address
, Florida
Zip Code

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	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
	-		□Add
			□Remove
			☐ Change
			□Add
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			□Add
			□Remove
			□Change

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Filing Fee: \$25.00