

L18 000 100 389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

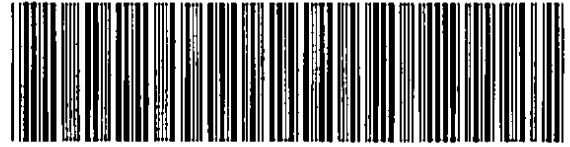
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22 SEP 20 PM 12:59

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pinnacle Holdings - XV, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garry Hesselbacher

Name of Person

Pinnacle Hospitality Group, LLC

Firm/Company

18 W Olive St

Address

Westville, NJ 08093

City/State and Zip Code

ghesselbacher@pinnaclehospitality.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garry Hesselbacher

215 680-7223

at (_____) _____

Name of Person

Area Code

Daytime 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 Address:

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

22 SEP 20 PM 12:59

RECEIVED
DIVISION OF CORPORATIONS
SEP 22 2010

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pinnacle Holdings - XV, 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 Company were filed on April 20, 2018 and assigned
Florida document number L18000100389.

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3150 N Orange Blossom Trail

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee FL 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

22 SEP 2018 PM 12:59
OFFICE OF THE CLERK
STATE OF NEW YORK

22 SEP 20 PM 12:59

22 SEP 20 PM 12:59

Abstract

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated Sept 14, 2022

Signature of a member

Signature of a member or authorized representative of a member

Garry Hesselbacher

Typed or printed name of signee

Filing Fee: \$25.00