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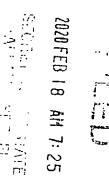
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT: | Name of Lim | ited Liability Company | |
|-----------------------------|--|---|---|
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Skip Drish | | |
| | | Name of Person | |
| | Pinnacle Brick Pavers and | Stone, LLC. | |
| | | Firm/Company | |
| | 19211 Panama City Beach | Pkwy Suite 207 | |
| | | Address | |
| | Panama City Beach, Florid | la 32413 | |
| | | City/State and Zip Code | |
| | sdrish@dgc5.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please c | all: | |
| Skip Drish | | 850 630-2465 | |
| Name o | f Person | | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |

Mailing Address:

•

Registration Section
Division of Corporations

TO:

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

Pinnacle Brick Pavers and Stone, LLC.

| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | mpany as it now appears ted Liability Company) | on our records.) 2728 |
|---|---|--|
| The Articles of Organization for this Limited Liability Compa | any were filed on $\frac{07/1}{1}$ | 0/2018 and assigned |
| Florida document number L 18000166921 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company her | e: 25 |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the de | signation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 19211 Panama C | ity Beach Pkwy |
| (Principal office address MUST BE A STREET ADDRESS | Suite 207 | |
| | | ch, Florida 32413 |
| Enter new mailing address, if applicable: | 19211 Panama C | ity Beach Pkwy |
| (Mailing address MAY BE A POST OFFICE BOX) | Suite 207 | |
| | Panama City Bea | ch, Florida 32413 |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our re | cords, enter the name of the new registered |
| Name of New Registered Agent: Skip Drish | | |
| New Registered Office Address: 19211 Pana | ma City Beach Pkwy S | uite 207 |
| | Enter Flori | da street address |
| Panama Cit | y Beach | , Florida 32413 |
| | City | 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> | Address | Type of Action |
|--------------|----------------------|----------------------------------|----------------|
| AMBR | Troy F. Syfrett, Jr. | 299 West 23rd Place | |
| | | Panama City, Florida 32405 | ≣Remove |
| | | | ☐Change |
| AMBR | Skip Drish | 19211 Panama City Beach Pkwy | ∃ Add |
| | | Suite 207 | □ Remove |
| | | Panama City Beach, Florida 32413 | Change |
| | | | 🗆 Add |
| | | Remove | |
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| ffective date, if other than t | he date of filing: nust be specific and cannot be prior to block does not meet the applicable Department of State's records. | date of filing or more than 90 days | optional) after filing.) Pursuant to 60. , this date will not be list | 5.0207 ted as |
| Note: If the date inserted in this | | | | |
| Sote: If the date inserted in this ocument's effective date on the record specifies a delayed effective. | tive date, but not an effective tim | ne, at 12:01 a.m. on the earlier o | f: (b) The 90th day afte | er the |
| Sote: If the date inserted in this locument's effective date on the | tive date, but not an effective time. | ne, at 12:01 a.m. on the earlier o | f: (b) The 90th day afte | er the |