

L18 000 166 921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

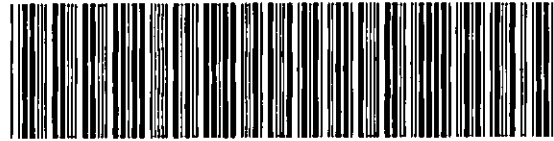
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 10 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pinnacle Brick Pavers and Stone, 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:

Skip Drish

\_\_\_\_\_  
Name of Person

Pinnacle Brick Pavers and Stone, LLC.

\_\_\_\_\_  
Firm/Company

19211 Panama City Beach Pkwy Suite 207

\_\_\_\_\_  
Address

Panama City Beach, Florida 32413

\_\_\_\_\_  
City/State and Zip Code

sdrish@dgc5.com

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

For further information concerning this matter, please call:

Skip Drish

850

630-2465

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

**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>
AMBR	Troy F. Syfrett, Jr.	299 West 23rd Place	<input type="checkbox"/> Add
		Panama City, Florida 32405	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Skip Drish	19211 Panama City Beach Pkwy	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		Panama City Beach, Florida 32413	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**