L19000040768

| (Requestor's Name) |
|---|
| |
| (Address) |
| · |
| (6.12) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| : |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900333640699

09/04/19--01004--016 **25.00

RECEIVED

SEP 1 2 2019 S. YOUNG To clarify, my name is Alberto A Lopez and I won Pinnacle Note Buyers, LLC. What I need is to change my title from CEO to Manager as both resident agent and Authorized person.

Also, I need to have Gerson Vargas, COO removed as an Authorized person.

I can be contacted at 786-897-5627.

Thank You,

Alberto A Lopez

Firm/Company 7028 W Waters Ave # 249 Address Tampa, FL 33634 City/State and Zip Code alberto@PNbuyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alberto A Lopez 786 897-5627 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee
\$\Boxed\$\$ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32314 Tallahassee, FL 32301 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Pinnacle Note Buyers, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/11/2019

The Articles of Organization for this Limited Liability Company were file

and assigned

Florida document number

L19000040768

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

| | N | la | | | |
|---|--|--|--|--|--|
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD) | RESS) | <i></i> | | | |
| (Trincipal Office address MOST DE A STREET MED) | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | İA | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | on our records, g | enter the name of the new registered | | |
| New Registered Office Address: 7028 V | W Waters Ave # | 249 | | | |
| | E | nter Florida street a | ldress | | |
| Tam | • | () . | Florida 33634 | | |
| Name of New Registered Agent: Albert | Alberto A Lopez, Manager (Im only changing the to manifer) | | | | |
| | City | | Zip Code | | |
| New Registered Agent's Signature, if changing Registered | d Agent: | | | | |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performa gent as provided f | nce of my duties or in Chapter 60 I hereby confirm | . and I am familiar with and 15, F.S. Or, if this document is | | |
| | | NA | | | |
| | It Changing Regist | ered Agent, <u>Signati</u> | ire of New Registered Agent | | |
| If amending Authorized Person(s) authorized to man | Page 1 of 3 nage, enter the tit | le, name, and ac | ldress of each person being added | | |
| MGR = Manager AMBR = Authorized Member | | | | | |
| <u>Title</u> <u>Name</u> | Address | | Type of Action | | |
| Alberto A Lopez (Change title to Manager) | 7028 W Waters A | Ave # 249 | | | |
| MGR | Tampa, FL 3363 | 7 | | | |
| Add | | | | | |

| | • | | |
|-----------------|------------------------|---------------------------------------|-------|
| V Change | • | | |
| COO | Gerson Vargas (remove) | 7028Tampa FL 33634 W Waters Ave # 249 | |
| | | | Add |
| Remove | | | |
| · Change | | | |
| | | | Add |
| [] Remove | | | |
| ; Change | | | |
| | | | 🗆 Add |
| [] Remove | | | |
| [] Change | | | |
| | | | 🗆 Add |
| · Remove | | | |
| [] Change | | | |
| | | | Add |
| | | | |
| (| □ Remove | | _ |
| | ☐ Change | | |

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| Aiso, i need to fer | nove Gerson Varg | as tilled COO | аз ап интпогіх | cu person trom | i ine LLC. |
|---------------------|------------------|---------------|----------------|----------------|------------|
| | | | | | |
| | | | | | |
| | · · · · · · | | | | |
| Thank you. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | · · |
| | | | | | |
| | <u> </u> | | ··· | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |
| | | | | | |

| · · · · · · · · · · · · · · · · · · · |
|--|
| |
| E. Effective date, if other than the date of filing: (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. |
| 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. |
| Dated 8/30/19 Carlo Pres |
| albert Lorg |
| Signature of a member or authorized representative of a member |
| Alberto Alopez |
| Typed or printed name of signee |