L19000055462

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Mary 370

Office Use Only



900439050919

FILED
2024 DEC 12 AM 10: 30

202-050 12 FH 2: 04

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/12/2024

NAME: PINNACLE POINTE APARTMENTS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 DEC 12 AM 10: 30

PINNACLE POINTE APARTMENTS 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 Florida document numberL19000055462	were filed on 03/05/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
	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 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	<u>Name</u>	Address	Type of Action
AMBR	Karissa Quintero	c/o Stratford Management	■Add
		585 Boylston Street, 4th Floor	(T)
		Boston, MA 02116	□Change
			🗀 Add
			□Remove
			□Change
			Remove
			Change
		🖾 Add	
			□Remove
			□Change
			□Add
		 	
			☐Change
			□ Add
			□Remove
			□Change

		,		
				
				
		.		
		. .		
.				
				
	····			
				
				
ffective date, if other than the an effective date is listed, the date multiple. If the date inserted in this bocument's effective date on the D	st be specific and cannot be p ock does not meet the app	rior to date of filing or n dicable statutory filir		ng.) Pursuant to 605.0207 (
record specifies a delayed effective is filed.	re date, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated	. 2024	·		
/s/ Andrew Gordo				
	Signature of a member or a	ithorized representative	of a member	

Filing Fee: \$25.00