L20000035279

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22 MAY 16 PM 3: 18

T. MATTHEWS
JUL 15 2022

COVER LETTER

TO:

Registration Section Division of Corporations

PINNACLE CAPITAL HOME SOLUTIONS LLC SUBJECT: 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: ARIANA ORTEGA Name of Person PINNACLE CAPITAL HOME SOLUTIONS LLC Firm/Company 12650 SW 191ST ST Address MIAMI, FL 33177 City/State and Zip Code ARIANAORTEGA@ARMORTGAGETEAM.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARIANA ORTEGA 7863405550 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILLID ARTICLES OF ORGANIZATION CRETARY OF STATE OF UTVISION OF CORPORATIONS

:22 MAY 16 PM 3: 18

PINNACLE CAPITAL HOME SOLUTIONS 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 01/29/2020	and assigned
Florida document number L20000035279		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12650 SW 191ST St, MIAMI, FL 331	177
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	12650 SW 191ST St. MIAMI, FL 33	17'?
(Mailing address MAY BE A POST OFFICE BOX)		
		e.i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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.

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ADRIAN REYES	12650 SW 191ST ST, MIAMI, FL 33177	= Add
			Remove
		<u> </u>	□Change
AMBR	ADRIAN REYES	12650 SW 191ST ST. MIAMI, FL 33177	= Add
			□Remove
			□Change
			□ Add
			□Remove
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i ameno	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If t	date, if other than the date of filing:
record spot is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 12 Rozz.
	Signature of a member or authorized representative of a member
	Ariava Ontega

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Filing Fee: \$25.00