

L20 0000 35279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

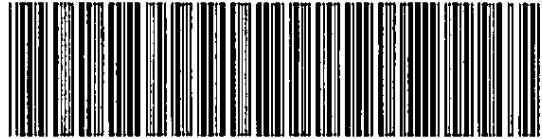
(Business Entity Name)

(Document Number)

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OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS  
22 MAY 16 PM 3:18

T. MATTHEWS

JUL 15 2022

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: PINNACLE CAPITAL HOME SOLUTIONS 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:

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 at ( 786 ) 7863405550  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>
MGR	ADRIAN REYES	12650 SW 191ST ST, MIAMI, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIAN REYES	12650 SW 191ST ST, MIAMI, FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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

\_\_\_\_\_  
Ariana Ortega  
Typed or printed name of signer

**Filing Fee: \$25.00**