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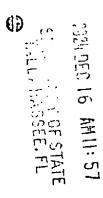
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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Rick Hersey 904-540-6990 281 Renwick Parkway St. Augustine, FL 32095

If I am unable to answer the phone, please call Dale Hansen at 904-501-8231.

## **COVER LETTER**

|                 | Registration S<br>Division of Co  |  |  |
|-----------------|---|--|--|
| eup ucc         | Pinnacle N  | Marketing Service LLC                        |  |
| SUBJEC          | · · · · · · · · · · · · · · · · · · ·   | Name of Lim                                  | nited Liability Company  |
| The enclo       | osed Articles o   | f Amendment and fec(s) are sub               | omitted for filing.  |
| Please ret      | urn all corresp   | ondence concerning this matter               | to the following:  |
|                 |   | Richard Hersey                               |  |
|                 |   |  | Name of Person   |
|                 |   | Hope Enterprises                             |  |
|                 |   | · ···  | Firm/Company   |
|                 |   | 675 S Holmes Blvd                            |  |
|                 |   | -  | Address  |
|                 |   | St Augustine, FL 32084                       |  |
|                 |   |  | City/State and Zip Code  |
|                 |   | rickhersey61@gmail.com                       |  |
|                 |   | E-mail address: (                            | (to be used for future annual report notification)   |
| For furthe      | er information  | concerning this matter, please c             | all:   |
| Dale Han        | isen  |  | 904 501-8231<br>at ( )   |
|                 | Name  | of Person                                    | Area Code Daytime Telephone Number   |
| Enclosed        | is a check for  | the following amount:                        | 75.  |
| <b>■</b> \$25.0 | 00 Filing Fee   | ☐ \$30,00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)             |
|                 | Mailing Addro<br>Registration<br>Division of 0<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinnacle Marketing Service LLC

| ( <u>Name of the Limited Liabil</u><br>(A Florid   | lity Company as it now appears on our records.) la Limited Liability Company)  |   |
|--|--|---|
| The Articles of Organization for this Limited Liability (  | Company were filed on 8/7/2020   | and assigned  |
| Florida document number L20000239168   |  |   |
| This amendment is submitted to amend the following:  | <del>-</del>   |   |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |   |
| The new name must be distinguishable and contain the words "Lit  | mited Liability Company," the designation "LLC" or the a   | bbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADD   | RESS)  |   |
|  | <u> </u>   |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
|  |  |   |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here:  |  | ne of the new registere   |
| Name of New Registered Agent:  |  | <u> </u>  |
| New Registered Office Address:   |  |   |
|  | Enter Florida street address   | 5   |
| <u></u>  | , Florida  | Six P   |
|  | City   | Zip Coden-ri  |
| New Registered Agent's Signature, if changing Register   | ed Agent:  | F 5   |
| hereby accept the appointment as registered agent<br>provisions of all statutes relative to the proper and o<br>accept the obligations of my position as registered o<br>being filed to merely reflect a change in the register<br>company has been notified in writing of this change | complete performance of my duties, and I am<br>agent as provided for in Chapter 605, F.S. Or<br>red office address, I hereby confirm that the li | gree to complyWith th<br>familiar with and<br>; if this document is |
|  | If Changing Registered Agent, Signature of New R   | egistered Agent   |

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> | Name                | Address                | Type of Action  |
|--------------|---------------------|------------------------|-----------------|
| AMBR         | Candace Sibel       | 281 Renwick Pkwy       | <b>=</b> Add    |
|              |                     | St Augustine, FL 32095 | □Remove         |
|              |                     |                        | □Change         |
| AMBR         | Richard E Hersey Jr | 281 Renwick Pkwy       | _ 🗆 Add         |
|              |                     | Augustine, FL 32095    | <b>≡</b> Remove |
|              |                     |                        | □Change         |
| AMBR         | Sandra D Hersey     | 281 Renwick Pkwy       | □Add            |
|              |                     | Augustine, FL 32095    | ■Remove         |
|              |                     |                        | □Change         |
| AMBR         | Trevor Hersey       | 281 Renwick Pkwy       | □Add            |
|              |                     | Augustine, FL 32095    | ■Remove         |
|              |                     |                        | □Change         |
| AMBR         | Alyssa Hansen       | 281 Renwick Pkwy       | _ £Add ₹        |
|              |                     | Augustine, FL 32095    | Remove          |
|              |                     |                        | The Change      |
|              |                     |                        | STAR            |
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| ffective date, if other than the                                       | · date of filing·   | Continu                                 | ıal)                        |
| an effective date is listed, the date mu                               | e date of filing: st be specific and cannot be prior to date            | of filing or more than 90 days after fi | ling.) Pursuant to 605.0207 |
| ore: If the date inserted in this of ocument's effective date on the D | lock does not meet the applicable state. Department of State's records. | atutory ming requirements, this c       |                             |
|  |   |   | Ø 0 €                       |
| record specifies a delayed effective                                   | ve date, but not an effective time, at                                  | 12:01 a.m. on the earlier of: (b)       | The 90th day after the      |
| is filed.  |   | •                                       | 0                           |
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| ated December 13   |   |   | OF S                        |
| ated December 13   | · · · · · · · · · · · · · · · · · · ·                                   |   | AMIL: 57                    |
| ated December 13   | Signature of a member or authorized re                                  | epresentative of a member               | MIN: 57                     |

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Filing Fee: \$25.00