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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

fO: Registration So Division of Cor				
SUBJECT:	Pinnacle Lux	ury Services LLC ited Liability Company	· ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Jeriel J Slay Name of Person	· ••• •	
	Linna	cle Luxury Service Firm/Company	ces LLC	
	365	Pulasti St., Apt	1. 2 C	
		City/State and Zip Code		
	E-mail address (J@ protenmail.com to be used for future annual report noti	l fication)	
For further information of	concerning this matter, please c	all:	,	
Jeriel J	Slav FPerson	at (305) 704 - Area Code Daytim	-6030 ae Telephone Number	CD
Enclosed is a check for t	he following amount:			1
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is englosed)	7
				j
Mailing Address Registration Division of C	Section Torporations	Street Address: Registration Se Division of Cor	rporations	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	ry Services LLC inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 1000232335</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility 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:	18851 NE 29th Ave	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	Suite 700 Aventura, FL, 33180	
	Aventura, FL, 33180	
Enter new mailing address, if applicable:	18851 NE 29th Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700 Aventura, FL, 33180	
	Aventura, FL, 33180	
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	
	, Florida _	Zio Cocki
	City	гир Сош

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 Type of Action Title Name <u>Address</u> CEO Anthony R Slay Jr P.O. Box 465 EAdd Coram, NY, 11727

Remove P.O. Box 465 □Add AMBR Jeriel J Slay Coran, NY, 11727 DRemove _ □Aoc | Remove' | Change | Add | □ P

____ Change

	 						
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ffective date, if other than the date an effective date is listed, the date must be sponter: If the date inserted in this block delocument's effective date on the Departn	ecific and cannot ses not meet th	e applicable s	of filing or more tatutory filing re	(option than 90 days after equirements, this	tiling.) Pr	Frot be	605.0207 (3
record specifies a delayed effective date. d is filed.	, but not an eff	ective time, at	12:01 a.m. on	he earlier of: (h) The 9	0th day a	iter the
	7	021					
Dated August 10th	<u> </u>	·					
· ·		1 1	representative of				

Filing Fee: \$25.00