121000369088

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(Business Entity Name)
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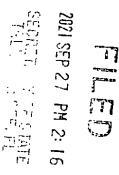
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10/2/21

COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	rvices, LLC.		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Virgil Smith		
		Name of Person	
	Pinnacle Services, LLC.		
		Firm/Company	202
	1661 Fatio Rd.		2021 SEP 27 SEC . 15
		Address	2
	DeLand, Fl. 32720		
		City/State and Zip Code	
	l hurricanercof@gmail.com		
For further information or	ncerning this matter, please o	to be used for future annual report notif	ication) [7]
	meering in smarter, prease e		
Virgil Smith		386 804-8578 at ()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinnacle Services, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000369088</u> .	were filed on 08/17/2021	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:	
High Point Adjusting, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	
Enter new principal offices address, if applicable:	1661 Fatio Rd.	2021 SEC
(Principal office address MUST BE A STREET ADDRESS)	Deland, FI 32720	S
		2
		- M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		15 Si
		- III o
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>en</u>	ter the name of the new registered
	Enter Florida street ad	dress
		Florida
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is
If Char	nging Registered Agent, <u>Signatu</u>	re 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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		 	□Add
			□ Кеточе
			☐ Change
			□Add
			□ Remove
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			Remarke 2
			□Add
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			П Кетоус
			(IChange
	- <u></u>		□Add
			Петюче

□Change

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	<u> </u>
	7.2
Tective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be prior	(optional)
ote: If the date inserted in this block does not meet the applie ocument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
reduced a cricerive date of the Department of State a records.	•
record specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	
Sept. 23 2021	
sted Sept. 23 , 2021	2 .//
	//
12 1/1/11/11/11/11/11/11/11/11/11/11/11/11	()
Signature of a member or author	orized representative of a member

Filing Fee: \$25.00