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то:	Registration Se Division of Cor					
SUBJEC		acle Place LLC				
ЗОВЛА		Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Luca Di Nunzio				
			Name of Person			
		Dorcey Law Firm				
			Firm/Company			
		10181 Six Mile Cypress P	kwy, Suite C			
		Address				
		Fort Myers, FL 33966				
			City/State and Zip Code			
		support@dlfregisteredagent E-mail address: (.com to be used for future annual report noti	fication)		
For furtl	her information c	oncerning this matter, please c				
Luca D	i Nunzio		239 308-1073			
	Name o	f Person		e Telephone Number		
Enclose	d is a check for th	ne following amount:				
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration S		Registration Se			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

DocuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 OCT 16 AM 7: 43

14801 Pinnacle Place LLC				;
(Name of the Limited L (A F	Liability Company as Florida Limited Liabili	it now appears on ou ty Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number		filed on09/19/20	22	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab <u>ility</u>	company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Co	ompany," the designat	ion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	le:	<u> </u>		<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)			
			<u>-</u>	
Enter new mailing address, if applicable:			_	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>			
		_		
B. If amending the registered agent and/or registered agent and/or the new registered office address had been address had bee		ess on our record	s, enter the nam	e of the new registere
N. D. Carriel Office Address				
New Registered Office Address:		Enter Florida stre	et address	
			Florida	
-	_	Tity.		Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	and complete perf red agent as prov jistered office add	ormance of my dided for in Chapte	uties, and I am j er 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

OccuSign Envelope ID: B2DB5C2D-4FB4-44CF-B798-AE2AADE2300C in amenuing Authorized rerson(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>	Type of Action
MGR	Roger O. Spool	7334 Acorn Way	□Add
		Naples FL 34119	□Remove
			
			□Remove
			
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note:	tive date, if other than the date of filing:
reco	rd 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 filed.
Datec	9/15/2023
	DocuSigned by:
	ADEDCBAAFBFE4FS Signature of a member or authorized representative of a member
	Roger O. Spool

Filing Fee: \$25.00