To:

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000166808 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP Account Number : I20190000068 Phone : (407)326-8484 Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Contact@medeirossouza.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINNACLE GOLD HOMES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

ڌ

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX MAY 05 2023 Registration Section

TO:

## 46519 From; RUBEM SOUZA

# **COVER LETTER**

Division of Cor	porations		
PINNACLI	E GOLD HOMES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Rubem Souza		
	PINNACLE GOLD HOMES LLC  Name of Limited Liability Company    Articles of Amendment and feets) are submitted for filing.   all correspondence concerning this matter to the following:    Rubern Souza		
	Medeiros Souza corp		
	<u> </u>	Firm*Company	
	1711 Amazing Way, Ste 2	913	
		Address	
	Ococc, FL 34761		
		City/State and Zip Code	
	Name of Limited Liability Company  neclosed Articles of Amendment and feets) are submitted for filing.  return all correspondence concerning this matter to the following:    Rubern Souza		
For Calendary Commission		·	
ror turiner information c	oncerning this matter, please c	rant:	
Rubem Souza			
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy Certificate of Godditional copy is enclosed) Certified Co	f Status & - py
Registration S	Section		
Tallahassee, I		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINNACLE GOLD HOMES LLC	•				
(Name of the Lim	oited Liability Compar (A Florida Limited L	ny as it now appears on our records. iability Company)	ī		
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on <u>04/26/2023</u>	aı	ndassij	gned
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liabi	lity company here:			
Pinnacle Gold Development & Building, LLC					
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" (	or the abbreviati	ion "L.L	.C."
Enter new principal offices address, if appli	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
			•		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	<u> </u>				
			<del>-</del> -	2023	
B. If amending the registered agent and/or		ddress on our records, <u>enter t</u> l	ie name of th	دے re new	register
agent and/or the new registered office addr	<u>ess here</u> :				
				ŧ	ι.
Name of New Registered Agent:	istedeiros Souza	Corp	•	***	
New Registered Office Address:	1711 Amazing V	Vay, Ste 213		্র ক্র	
		Enter Florida street address	<i>=</i> -	1,2	
	Ococe	Flor	ida <u>34761</u>	, 0	
		City	Zip	Code	

#### 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 Changing Registered Agent, Signature of New Registered Agent

. Page: 6 of 7 2023-05-04 01:08:15 GMT 14076046519 From: RUBEM SOUZA

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

To:

<u>Title</u>	Name	Address	Type of Action
			□Add
			Remove
			□ Change
			□Add
			ПRетоve
			□Change
			Remove
			□ Change
<del></del>			□Add
			□Remove
			□Add
		·	□ Remove
		<del></del>	□ Change
	······································		
			Reniove
			□ Change

<u> </u>			
			,
fective date, if other than	the date of filing:	(optional)	
in effective date is listed, the date <b>ote</b> : If the date inserted in th	e must be specific and emnot be prions block does not meet the appl	optional) or to date of filing or more than 90 days after filing.) Pursuant to 605, icable statutory filing requirements, this date will not be listeds.	.0207 ed as
ecord specifies a delayed eff is filed	ective date, but not an effective	time, at 12:01 a.m. on the earlier of (b). The 90th day after	r the
Orlando ited	05/03/202	3	
1 ;	··	<u> </u>	
1, 1			

Typed or printed name of signee