

L24000251247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

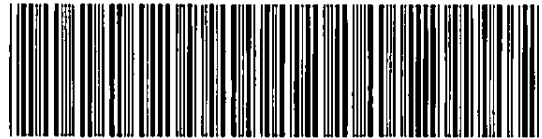
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 10 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRIME PINNACLE PRODUCTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andre Samms

Name of Person

PRIME PINNACLE PRODUCTS LLC

Firm/Company

4920 NW 15TH CT LAUDERHILL FL 33313

Address

City/State and Zip Code

INFO@PRIME-PINNACLEPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre Samms

754 9714141

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

2013 JUN 14 10:02:12

If Changing Registered Agent, Signature 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRITTINA SAMMS	580 SW 64th AVE NORTH LAUDERDALE, FL 3306	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SUPV	SHAWNA-KAY K BYFIELD	580 SW 64th AVE NORTH LAUDERDALE, FL 3306	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDRETSAMMS	4920 NW 15th Ct LAuderHill, FL 33313	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMR	ANDRETSAMMS	4920 NW 15th Ct LAuderHill, FL 33313	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06-18-, 2024

Andre' Samms

Typed or printed name of signee

Filing Fee: \$25.00