# N98 00000 5860

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

THE PINNACLE CONTROL THE PINNACLE CONTROL TO THE PINNA	ONDOMINIUM ASSOCIA	TION, INC.	
N98000005860 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		•
Please return all correspondence concerning this matte	er to the following:		-
LUIS A. D'AGOSTINO			
	(Name of Contact Person)	<del></del>	
THE PINNACLE CONDOMINIUM ASSOCIATION	N, INC.		
	(Firm/ Company)		<del></del>
17555 COLLINS AVENUE			
	(Address)		
SUNNY ISLES BEACH, FL 33160			
	(City/ State and Zip Code)		
MANAGER@PINNACLE-CONDO.COM			
E-mail address: (to be used	for future annual report no	ification)	
For further information concerning this matter, please	call:		
LUIS A. D'AGOSTINO	305 at		
(Name of Contact Person		Code) (Daytime Tele	ephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depart	nent of State:	
■ \$35 Filing Fee	-	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		ent Section of Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation



#### THE PINNACLE CONDOMINIUM ASSOCIATION, INC.

(Name of Corporation	as currently filed with the Florida	Dept. of State)	
	N98000005860		
(Docun	nent Number of Corporation (if know	sn)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For P</i>	rofit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
N/A		The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name			
B. Enter new principal office address, if applica	N/A		
(Principal office address <u>MUST BE A STREET A</u>		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If amending the registered agent and/or regis		ter the name of the	
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent:	LUIS A. D'AGOSTINO, MANAGER		
	17555 COLLINS AVENUE		
	(Florida street address)		
<u>New Registered Office Address:</u>			
	SUNNY ISLES BEACH	, Florida	
	(City)	(Zîp Code)	
New Registered Agent's Signature, if changing B	Registered Agent:		
I hereby accept the appointment as registered agen		oldigations of the position.	
	11/10		
_	21/18	65	
	Commenced A distribution	at tourse if about the	

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer'director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR : Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	S, D	LUIS A. D'AGOSTINO	17555 COLLINS AVENUE
Add		-	SUNNY ISLES BEACH, FL
Remove			33160
2) X Change	P. D	MAXIM GURO	17555 COLLINS AVENUE
Add	<del></del>		SUNNY ISLES BEACH, FL
Remove			33160
3) X Change	V. D	MICHELINA MOTTOLESE	17555 COLLINS AVENUE
Add			SUNNY ISLES BEACH, FL
Remove			33160
4) X Change	T. D	JEROME FISCHER	17555 COLLINS AVENUE
Add			SUNNY ISLES BEACH, FL
Remove			33160
5) X Change	D	JEFF YUZEFPOLSKY	17555 COLLINS AVENUE
Add	<del></del>		SUNNY ISLES BEACH, FL
Remove			33160
6) Change	No.		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
·	
	·

Fhe	date of each amend	lment(s) adoption:	if other than the
	this document was s		
		MAY 7, 2019	
Effe	ctive date <u>if applic</u>	hle:  (no more than 90 days after amendment file date)	
		I in this block does not meet the applicable statutory filing requirements, this e on the Department of State's records.	date will not be listed as the
Ado	ption of Amendme	ot(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amend for approval.	lment(s)
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was rd of directors.	i/were
	Dated	MAY 7, 2019	
	Signature	Dusor.	
		By the chairman or vice chairman of the board, president or other officer-if dinave not been selected, by an incorporator — if in the hands of a receiver, trustother court appointed fiduciary by that fiduciary)	
		LUIS A. D'AGOSTINO	
		(Typed or printed name of person signing)	
		SECRETARY	
		(Title of person signing)	

. . . .