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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PINNACLE CM, I	NC.	
DOCUMENT NUMB	P02000126517		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	PETER LEMUS		
-		Name of Contact Persor	1
1	PINNACLE CM, INC.		
-		Firm/ Company	
	12595 SW 137 AVENUE, SI	JITE 205	
_		Address	
1	MIAMI, FL 33186		
-		City/ State and Zip Code	2
РЕТЕ	R@PINNACLECMI.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
PETER LEMUS		at (305	345-7447
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section It is in a contract of Corporations It is in a contract of Corporations It is in a contract of Corporation of Corporations It is in a contract of Corporation	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PINNACLE CM, INC.			
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
P02000126517			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
N/A		The	пеш
	tion "Corp," "Inc," or "Co	" "company," or "incorporated" or the abbrevo". A professional corporation name must conta A."	
B. Enter new principal office address, if		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A ST)	REET ADDRESS)		. 4
		- E	72
C. Enter new mailing address, if applica		7	S 141
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX		
			3
			ېږ <u>~</u>
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	N/A		
Nume of New Registered Agent			
-	(Florida stree	t address)	
N 5 1 1046 117 .	,		•
New Registered Office Address: _	(C	, Florida	
New Registered Agent's Signature, if cha		th and accept the obligations of the position.	
Thereby accept the appointment as register	eu agem i am jammur wu	т ини иссері те оондинонь ој те розтон.	
<u>+</u>	ALL	pistered Agent if changing	
	Signature of New Rec	pistered Agent if changing	

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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CARLOS ARDAO	7280 SW 89 STREET
Add			#D302
X Remove			MIAMI, FL 33156
2) Change			
Add			<u></u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			- 14.1 He is 14.1 He i
Remove			
5) Change	<u> </u>		
Add			
Remove			
0 0			
6) Change	- · · ·		
Add			
Remove			

	cessary). (Be specif	<i>1C)</i>		
N/A				
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		مر سره	u ar er er er er er er	
If an amendment provides fo provisions for implementing	r an exchange, recia g the amendment if n	ssincation, or cance of contained in the	nation of issued shar amendment itself:	<u>es,</u>
(if not applicable, indicate	te N/A)		<u> </u>	
ETER LEMUS, VP WILL NOV	V HOLD 49% OF SH	ARES.		
			· · · · · · · · · · · · · · · · · · ·	
				1

The second second	JULY 20, 2015	
The date of each amendment date this document was signed		, if other than the
	SAME	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements he Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareh	older
Dated	7/20/15	
Signature _	3 a director, president or other officer – if directors or officers have n	ot been
	elected, by an incorporator – if in the hands of a receiver, trustee, or of	
a	ppointed fiduciary by that fiduciary)	
	REER LEMUS	
	(Typed or printed name of person signing)	
	(Title of person signing)	