P24000040101

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

AME OF CORPORATION: PINAGELL EON INC
OCUMENT NUMBER: P24000040101
ne enclosed Articles of Amendment and fee are submitted for filing.
case return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/ Company
2847 NW 6 th: €t
Address
City/ State and Zip Code
RIOMY LOAN Ogman/Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Om 25 Miller at (954) 483-6537 Name of Contact Person Area Code & Daytime Telephone Number
/ Name of Contact Person Area Code & Daytime Telephone Number
aclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F
Mailing Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles	of	Incor	poration
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of	
PINNACL TON INC.	FII Fra
(Name of Corporation as currently filed with the Flori	da Dept. of State)
P200000 40101	2024 SEP -1. DM
(Document Number of Corporation (if know	2024 SEP -4 PM 3: 10 SECRETAR CO.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	TA - 2 (3/1)
A. If amending name, enter the new name of the corporation:	
A/A	77
name must be distinguishable and contain the word "corporation," "company," or "incorporation," or Co.," or the designation "Corp." "Inc," or "Co". A professional corpor "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter	the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address) New Registered Office Address: (Ĉiv)	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the ob	
Signature of New Registered Agent, if cha	mging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group)
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"The number of votes cast for the amendment(s) was/were sufficient for approval by
by
8/29/2024
Signature BY: James - David : Milling Box and (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
(Title of person signing)