K12000090882

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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I ALBRITTON

COVER LETTER

TO: Registration Section

Division of Cor	porations	Division of Corporations				
cup mor.	DINECDE	CT DALICON 11C	•			
SUBJECT:		ST BAKERY, LLC ited Liability Company	-			
	-					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Behzad Cesar Ravan, CPA				
		Name of Person				
		Rayan and Company LLLP Firm/Company				
	8360 West Flagler Street, Suite 200					
		Address				
		Miami, Florida 33144 City/State and Zip Code	. 			
	eesar@ravanandco.com					
	E-mail address: (to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
Behzad Cesar Rava	m, CPA	at (305) 615-2655 Area Code Daytin				
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
⅓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration			Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327		The Centre of				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2021

BEHZAD CESAR RAVAN, CPA RAVEN & COMPANY LLLP 8360 WEST FLAGLER STREET - STE. 200 MIAMI, FL 33144

SUBJECT: PINECREST BAKERY, LLC

Ref. Number: L12000080882

We have received your document for PINECREST BAKERY, LLC and your check(s) totaling \$600.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 721A00010245

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PINECREST BAKERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	oany were filed on	06/18/2012	and assigned
Florida document number <u>L12000080882</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the o	lesignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	8360 West	Flagler Street, Suite 20	00
(Principal office address MUST BE A STREET ADDRESS	Miami, FL	33144	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off	ice address on our 1	ecords, enter the nam	ne of the new registered
agent and/or the new registered office address here:	J		
Name of New Registered Agent:	Ravan and Company	LLLP	
New Registered Office Address:	3360 West Flagler S	reet, Suite 200	
	Enter Flo	rida street address	
	Miami	, Florida	33144
Naw Registered Agent's Signature if changing Registered Ag	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

_thorized Person(s) authorized to manage, enter the title, name, and address of each person_being added __from our records:

.R = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	□Adđ
		Miami, Fl. 33156	∑Remove
			Change
<u>MGR</u>	Joel Rodriguez	P.O. Box 562170	□Add
		Miami, FL 33256-2170	⊠Remove
			Change
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	□Add
		Miami, FL 33144	Remove
			\(\S_C \)
			□Add
			🗀 Remove
			
			□ Add
			Remove
			Change
			
			Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
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_	
_	
	······
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	January 27 / 3921
	Market Comments of the Comment
	Signature of a member or authorized representative of a member
	Behzad Cesar Rayan
	Typed or printed name of signee

Filing Fee: \$25.00