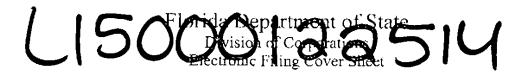
Division of Corporations



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(((H17000168689 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MICHAEL BLANCO & CO., LLC

Account Number : I20170000029 Phone : (305)615-2655

Fax Number : (305)615-2658

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINECREST BAKERY 1, LLC

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COVER LETTER

ТО:	Registration S Division of Co		17	
erro de		Bakery 1, LLC		
SUBJE	.C1:	Name of Lin	nited Liability Company	
The are	sloped Articles o	f Amendment and fee(s) are sub	amitted for filing	
L. ICAISC I	simii an corresp	ondence concerning this matter	ar the following.	
		Michael A. Blanco		
			Name of Person	
		Michael Blanco & Co.		
			Pirm/Company	
		8360 West Flagler Street,	Suite 200	
			Address	
		Miami, Florida 33144		
			City/State and Zip Code	
		michael@mblancocpa.com	to be used for future armual report not	ification)
for fur	her information :	concerning this matter, please c	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		concerning and mancer, proude c		
iviichae		Blanco 305 615-2655 at (20.34 3 3 4 5 5 5 1 5 5
	Name (of Person	Area Code Dayon	ne Telephone Number
Enclose	d is a check for t	the following amount:		
≌ \$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)
		.ING ADDRESS: ration Section	STREET/COUR Registration Secti	
	Divisi	on of Corporations dex 6327	Division of Corpo Clifton Building	
		nssee, FL 32314	2661 Executive C	

H 17000168689 3

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·					
(<u>Name of the Limited Liability Company</u> {A Florida Limited Lia	y as it now appears on our records,) collity Company)				
The Articles of Organization for this Limited Liability Company were filed on 07/16/2015 Florida document number L15000122514		an	and assigned		
This amendment is submitted to amend the following:	•				
a document number L15000122514 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: whame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t			<u>C.?</u>	
Enter new principal offices address, if applicable:		골:	2817	-	
(Principal office address MUST BE A STREET ADDRESS)		3> :=:	_=_	1 1	
			<u>_</u>		
		50 S	6	grape.	
Enter new mailing address, if applicable:		~,	<u> </u>	ţ [;	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	بغ	1.	
		<u> </u>	ţ.		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>er</u>	ater the n	ame of	the nev	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	. Florid:	a			
			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

Page 1 of 3

H 17000168689 3

H 17000168689 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Etrain Valdez, Jr.	P.O. Box 562170	■ Add
		Miami, F! 33256	Remove
			□ Change
MGR	Gladys M. Vaidez	P.O. Box 562170	
		Miami, Fl 33256	□ Remove
	•		□ Change
MGR	Joel Rodriguez	P.O. Box 5621 <u>70</u>	Add
		Miami, Pl 33256	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			SS N
			Remove

Page 2 of 3

H 17000168689 3

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Note: If	e date, if other than the date of filing: 06/16/2017 (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this date is set to be a set of the date inserted in this block does not meet the applicable statutory filing requirements, this date is set of the date inserted in this block does not meet the applicable statutory filing requirements.	ling.) Pursuant to 605.020)7 i3
locumer	nt's effective date on the Department of State's records.		
е гесо	rd specifies a delayed effective date, but not an effective time, at 12:01 a.s	m, on the earlier (of
The 9	Oth day after the record is filed.		
Dated _	June 14 2017		
_		-	
	Signature of a member or authorized representative of a member	281	
	Ffrain Valdez, Jr	7 JUN LAREB LAHA	•
	Typed or printed name of signee	<u> 92</u> 40 №	-
		mir Or	ř
	Page 3 of 3	7. A	i,
	Filing Fee: \$25.00	37 9	,