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Special Instructions to Fi	ling Officer:	





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JUN 02 2021 I ALBRITTON

COVER LETTER

TO: - Registration Section

Division of Corporations

•			•	
SUBJECT:	PINECRE	ST BAKERY 1, LLC ited Liability Company		
	Name of Lim	ned Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence 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		
		cesar@ravanandco.com	·N	
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Behzad Cesar Rava	n, CPA	at (<u>305</u>) <u>615-2655</u>		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for th	ne 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)	
Mailing Addres		Street Address:		
Registration Section		Registration Se		
Division of Corporations P.O. Box 6327		Division of Co The Centre of T		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

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May 15, 2021

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

SUBJECT: PINECREST BAKERY 1, LLC

Ref. Number: L15000122514

We have received your document for PINECREST BAKERY 1, 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: 521A00010245

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PINECREST BA			ر بر
(Name of the Limited Liability Comm (A Fforida Limited	any as it now anni Liability Compuny	cars on our	
The Articles of Organization for this Limited Liability Company	y were filed _	07/16/2015	and assigned
on Florida document number <u>L15000122514</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8360 Wes	st Flagler Street, Suite	200
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fi	L 33144	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	me of the new registered
Name of New Registered Agent: Rava	an and Compan	y LLLP	
New Registered Office Address: 8366		Street, Suite 200 Torida street address	
	Miami City	Florida _	33144 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

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

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

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
f the recor ecord is fil	d 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 ed.
Dated	January 27 2021 .
	(a) the
	istrature of a member or authorized representative of a member
	Behzad Cesar Rayan
	Typed or printed name of signee

Filing Fee: \$25.00