h15000122537

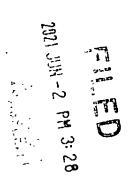
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





000361061360

03/04/21--01013--001 **500.00



A Mund

JUN 02 2021 I ALBRITTON

COVER LETTER

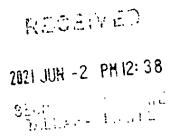
TO: Registration So Division of Cor			
SUBJECT:	PINECRE Name of Lim	ST BAKERY 4, LLC ited Liability Company	<u>. </u>
	Amendment and fee(s) are sub		
		Behzad Cesar Ravan, CPA	
		Name of Person	 _
		Ravan and Company LLLP Firm/Company	
		r muzeompany	
		3360 West Flagler Street, Suite 200	
		Address	
		Miami, Florida 33144 City/State and Zip Code	
	E-mail address: (cesar@ravanandeo.com to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	·	,
Behzad Cesar Rava	п. СРА	at (305) 615-2655	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Address		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





May 15, 2021

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

SUBJECT: PINECREST BAKERY 4, LLC

Ref. Number: L15000122537

We have received your document for PINECREST BAKERY 4, 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: 021A00010247

ARTICLES OF AMENDMENT · TO · ARTICLES OF ORGANIZATION **OF**

	TO
ARTICLES (OF ORGANIZATION
	OF Y
	EST BAKERY 4, LLC
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)
	The second secon
The Articles of Organization for this Limited Liability Con	TO DF ORGANIZATION OF SST BAKERY 4, LLC Company as it now appears on our records.) mitted Liability Company) mpany were filed
on Florida document number L15000122537	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
	
The new name must be distinguishable and contain the words "Limited	d Linbility Company," the designation "LLC" or the abbreviation
"L.L.C." Enter new principal offices address, if applicable	e: 8360 West Flagler Street, Suite 200
(Principal office address MUST RE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
agent and of the new registered office address here.	l E
Name of Name Development Amount	Ravan and Company LLLP
Name of New Registered Agent:	
New Registered Office Address:	8360 West Flagler Street, Suite 200
	Enter Florida street address
	Miami , Florida 33144
	City Zip Code
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>
I hereby accept the appointment as registered agent an	d agree to act in this capacity. I further agree to comply with the
	aplete performance of my duties, and I am familiar with and
	nt as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
company has been notified in writing of this change.	opper data ess, Thereby confirm that the timited tability
	/ / -//

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	Joel Rodriguez	P.O. Box 562170	□Add
	Miami. FL 33256-2170	∑Remove	
			□ Change
MGR Behzad Cesar Ravan, CPA	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	□Add
		Miami, FL 33144	□ Remove
			⊠Change
			□Add
		~- 	Remove
			□ Change
			□Add
			Remove
		□Change	
		□Add	
			□Remove
		□ Change	

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
	
Note: If the d	e, if other than the date of filing:
e record specif rd is filed.	Ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 27 2021
	1 Section 1
	Signature of a member or authorized representative of a member
	Behzad Cesar Ravan
	Typed or printed name of signee

Filing Fee: \$25.00