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I ALBRITTON

### **COVER LETTER**

TO: Registration Section

Division of Co	rporations		•
			č
SUBJECT:	PINECRE	ST BAKERY 5, LLC '	
	Name of Lim	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	<del></del>
		Rayan and Company LLLP	
		Firm/Company	
		8360 West Flagler Street, Suite 200	
		Address	
		Miami, Florida 33144	
	<del></del>	City/State and Zip Code	
		cesar@ravanandco.com	7,7
	ti-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Behzad Cesar Rava	an, CPA	at ( 305 ) 615-2655 Area Code Daytin	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
⅓ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee.			oe Street, Suite 810

Tailahassee, 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 5, LLC

Ref. Number: L15000122538

We have received your document for PINECREST BAKERY 5, 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: 221A00010246

Division of Communities - D.O. DOV COOR ID 11 1 2001

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PINECREST BAK	ERY 5. LLC		and assigned.
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Horda Limited Lia	ibility Company)		<b>بن را</b> ران ( الم
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s "Limited Liability	v Company "the	designation "L1.C" or the a	bbeviation "L.L.C."
	,,,		
Enter new principal offices address, if applicable: 8360 West Flagler Street, Suite		Flagler Street, Suite 20	00
ADDRESS)	Miami, FL	33144	
9.X)			
stered office ad	ldress on our	records, enter the nan	ne of the new registered
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Ravan	and Company	LLLP	
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\$360 V	West Flagler S	treet Suite 200	
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	PINECREST BAK Liability Company of the limited Liability  is "Limited Liability Company of the limited Liability Company of the limi	PINECREST BAKERY 5. LLC  Liability Company as it now and gard forda Limited Liability Company)  wility Company were filed  as  ing:  the limited liability company in the limited Liability Company." the le:  8360 West  4DDRESS)  Miami, FL  OX)  stered office address on our nere:	PINECREST BAKERY 5. LLC  Liability Company as it now and cars on our records.  Horda Limited Liability Company)  wility Company were filed 07/16/2015  ing:  the limited liability company here:  is "Limited Liability Company," the designation "LLC" or the alle: 8360 West Flagler Street, Suite 20  ADDRESS Miami, FL 33144  DAY  estered office address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records, enter the name and street address on our records.

#### 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	□Add
		Miami, FL 33156	⊠ Remove
<u>MGR</u>	Joel Rodriguez	P.O. Box 562170	
	Miami, FL 33256-2170	∑ Remove	
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	□ Add
		Miami, FL 33144	Remove
			⊠Change
			🗆 Add
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record: d is filed	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 l.
ated _	January 27 2021
	Signature of a member or authorized representative of a member
	Behzad Cesar Rayan

Filing Fee: \$25.00