

JUN/26/2017/NOON

Division of Corporations

L15000122543

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL BLANCO & CO., LLC  
Account Number : 120170000029  
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.\*\***

Email Address: Michael @ mblancoepa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PINECREST BAKERY 7, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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17 JUN 26 PM 12: 07

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JUN 27 2017

6/24/2017

JUN/26/2017/MON 12:01 PM

FAX No.

P. 002/105

H 170001681273

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pinecrest Bakery 7, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

Michael A. Blanco

Name of Person

Michael Blanco & Co.

Firm/Company

8360 West Flagler Street, Suite 200

Address

Miami, Florida 33144

City/State and Zip Code

michael@mblandcopa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Blanco

at (305)

615-2655

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FAX No.

P. 003/006

H 170001681213

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Pinecrest Bakery 7, 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 Company were filed on 07/16/2015 and assigned  
Florida document number L15000122543.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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

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STATE OF FLORIDA

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E. 004/005

H 170001681215

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>	<u>Type of Action</u>
MGR	Efrain Valdez, Jr.	P.O. Box 562170	<input checked="" type="checkbox"/> Add
		Miami, FL 33256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gladys M. Valdez	P.O. Box 562170	<input checked="" type="checkbox"/> Add
		Miami, FL 33256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joel Rodriguez	P.O. Box 562170	<input checked="" type="checkbox"/> Add
		Miami, FL 33256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA

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[illegible]

Dated 6/16/2017

~~Signature of a member or authorized representative of a member~~

Efrain Valdez, Jr

**Filing Fee: \$25.00**

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