L15000122543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	PINECRE	ST BAKERY 7, LLC	
•		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Behzad Cesar Ravan, CPA	
		Name of Person	.
		Ravan and Company LLLP	
		Firm/Company	
		8360 West Flagler Street, Suite 200	
		Address	
		Miami, Florida 33144	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Behzad Cesar Rav		at (305)615-2655	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
Si \$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 Addre		Street Address:	
Registration Section		Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of 1	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

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2021 JUN -2 PH 12: 38

May 15, 2021

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

SUBJECT: PINECREST BAKERY 7, LLC

Ref. Number: L15000122543

We have received your document for PINECREST BAKERY 7, 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: 721A00010246

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability) (A Florida I.	Company as it now appears or inneed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed0	7/16/2015	and assigned
n Florida document number	. •		
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limite	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:	8360 West Flag	ler Street, Suite 20)
Principul office address MUST BE A STREET ADDRE.	(SS) Miami, FL 331	44	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)			
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our reco	rds, <u>enter the nam</u>	e of the new regist
	٤		
Name of New Registered Agent:	Ravan and Company LL	LP	
New Registered Office Address:	8360 West Flagler Street		
	Enter Florida	street address	
····	Miami	, Florida	33144
	City		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

GR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	
		Miami, FL 33156	⊠Remove
			Change
MGR Joel Rodriguez	P.O. Box 562170		
	Miami, FL 33256-2170	∑Remove	
		□ Change	
MGR Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200		
	Miami, FL 33144		
		(\(\frac{1}{2}\)Change	
			□Add
		Remove	
		□ Change	
			🗆 Add
		□Remove	
		🗀 Add	
		☐ Remove	
			□ Change

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
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_	
(If an eff Note:	ive date, if other than the date of filing:
he recor ord 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 29' 2021
	Signature of a member or authorized representative of a member
	Behzad Cesar Ravan Typed or printed name of signee

Filing Fee: \$25.00