## L15000122550

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Co		•	
			<i>:</i>
SUBJECT:		ST BAKERY 8, LLC ited Liability Company	
	Name of Lim	area Charanty 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	
		Ravan and Company LLLP	
		Firm/Company	
		8360 West Flagler Street, Suite 200	<u> </u>
		Address	
		Miami, Florida 33144	
		City/State and Zip Code	
	E-mail address: (	cesar@ravanandco.com to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Behzad Cesar Rava	un, CPA	at ( 305) 615-2655	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$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 Address		Street Address:	ection
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of T	
Tallahassee, FL 32314			e Street, Suite 810

Tallahassee, FL 32303



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

Mulai. Pallant nufu

May 15, 2021

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

SUBJECT: PINECREST BAKERY 8, LLC

Ref. Number: L15000122550

We have received your document for PINECREST BAKERY 8, 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: 721A00010247

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 \_\_\_\_07/16/2015 \_\_\_\_ and assigned on Florida document number L15000122550 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: 8360 West Flagler Street, Suite 200 Miami, FL 33144 (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: Ravan and Company LLLP Name of New Registered Agent: 8360 West Flagler Street, Suite 200 New Registered Office Address: Enter Florida street address Miami Cirv

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.

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	\(\Text{\Delta}\) Remove
			☐ Change
<u>MGR</u>	Joel Rodriguez	P.O. Box 562170	🗆 Add
	Miami, FL 33256-2170	⊠Remove	
			□Change
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	🗆 Add
		Miami, FL 33144	Remove
		<del> </del>	[XChange
			□Add
			Remove
		<del></del>	Change
			🗆 Add
			□ Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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(It an effective <u>Note:</u> If the	ate, if other than the date of filing:
f the record spe ecord is filed.	cifies 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 .
	/not
_	Signature of a member or authorized representative of a member
	Behzad Cesar Ravan

Filing Fee: \$25.00