

JUN/22/2017/TEU 15:11 PM

FAX No.

F. 091/205

Division of Corporations

Page 1 of 2

LIS000172559
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.

((H17000166663 3)))



H170001666633AFC3

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 : (350) 617-6383

From:

Account Name : MICHAEL BLANCO & CO., LLC
Account Number : T20170000029
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@mblanco.pa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINECREST BAKERY 9, LLC**

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

D SCOTT
JUN 26 2017

Electronic Filing Menu

Corporate Filing Menu

Help

JUN/22/2017/THU 05:11 PM

FAX No.

P. 002/005

H 170001666633

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pinecrest Bakery 9, 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@mblanco CPA.com

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

For further information concerning this matter, please call:

Michael Blanco

Name of Person

at (305)

Area Code

615-2655

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

H 170001666633

FILED
JUN 23 10 10 AM '17

H 17000166663 3

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

Pinecrest Bakery 9, 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 L15000122559.

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

H 17000166663 3

JUN/22/2019/THU 05:12 PM

FAX No.

P. 004/005

H 17000166663 3

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 17000166663 3

JUN/22/21 7/THU 05:12 PM

FAX No.

P. 005/015

H 17000166663 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 05/16/2017 (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

6/16/2017

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

Efraim Valdez, Jr.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H 170001666633