415000122559

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:		ST BAKERY 9, LLC ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
		Behzad Cesar Ravan, CPA	
		Name of Person	
		Ravan and Company 1.1.1.P Firm/Company	
	;	8360 West Flagler Street, Suite 200	
		Address	
		Miami, Florida 33144 City/State and Zip Code	
	E-mail address: (cesar@ravanandco.com to be used for future annual report not	iification)
For further information c	oncerning this matter, please c		,
Behzad Cesar Rava	n, CPA	at (305) 615-2655	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9 Division of C	Section	<u>Street Address:</u> Registration So Division of Co	
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street. Suite 810

Tallahassee, 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 9, LLC

Ref. Number: L15000122559

We have received your document for PINECREST BAKERY 9, 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.

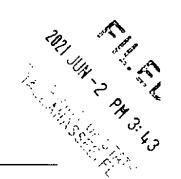
Letter Number: 421A00010247

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Division of the property of th

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	ECREST BAKERY 9, LLC lity Com pany my it now more	ars on our records)	
(A F bri	di Limite d Liability Company		
The Articles of Organization for this Limited Liability	Company were filed	07/16/2015	and assigned
on Florida document number L15000122559	· · ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	nere:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u>8360 Wes</u>	t Flagler Street, Suite 20	0
(Principal office address MUST BE A STREET ADD	ORESS) Miami, FL	33144	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		records, enter the nam	e of the new registered
	Ė		
Name of New Registered Agent:	Ravan and Compan	y LLLP	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	8360 West Flagler S	Street, Suite 200	
	Enter F	orida 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

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	∑Remove
			Change
MGR	Joel Rodriguez	P.O. Box 562170	□Add
		Miami. FL 33256-2170	⊠Remove
			☐ Change
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	
	Miami, FL 33144	□ Remove	
			⊠ Change
			□Add
		□ Remove	
			□Change
			
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change

<u> </u>	
_	
(If an effective date is liste Note: If the date inse	her than the date of filing:
ne record specifies a de ord is filed.	elayed 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 .
	Signature of a member or authorized representative of a member
	Behzad Cesar Rayan Typed or printed name of signee

Filing Fee: \$25.00