L16000059202

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.

(((H17000166626:3)))

H17000166626ABC2

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

FILED
2017 JUN 23 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : MICHAEL BLANCO & CO., LLC
Account Number : I20170000029
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@mblancocpa.com

RECEIVED
2017 JUN 23 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINECREST BAKERY 10, LLC

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

K. SALY
JUN 26 2017

Electronic Filing Menu Corporate Filing Menu Help

H 17000166626 3

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pinecrest Bakery 10, 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@mblancocpa.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

H 17000166626 3

H 17000166626 3

FILED
2017 JUN 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinecrest Bakery 10, 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 03/23/2016 and assigned Florida document number L16000059202.

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: Efrain Valdez, Jr.

New Registered Office Address: 12101 South Dixie Highway
Enter Florida street address

Miami, Florida 33156
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

H 17000166626 3

H 17000166626 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

Title	Name	Address	Type of Action
MGR	Efrain Valdez, Jr.	P.O. Box 562170 Miami, Fl 33256	■ Add ☐ Remove ☐ Change
MGR	Gladys M. Valdez	P.O. Box 562170 Miami, Fl 33256	■ Add ☐ Remove ☐ Change
MGR	Joel Rodriguez	P.O. Box 562170 Miami, Fl 33256	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

FILED
2017 JUN 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 17000166626 3

H 17000166626 3

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

FILED
2017 JUN 23 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 06/16/2017 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record 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 record is filed.

Dated 6/16 2017

Signature of a member or authorized representative of a member

Efrain Valdez, Jr

Typed or printed name of signee

Filing Fee: $25.00

H 17000166626 3