FAX No. ÊĴ JUN/26/2017/MON 02:83 PM Page 1 of 2 RECE Division of Corporations 2017 JUN 26 NH 2- 45 Grida Denar SEURETARY OF STATE TALLAHASSEE, FLORIDA ver 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. (((H170001686303))) H170001686303ABC% 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 : (850)617-6383 Fag Number From: : MICHAEL BLANCO & CO., LLC Account Name Account Number : I20170000029 Phone : (305)615-2655 : (305) 615-2658 Fax Number \*\*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 a miblancocpa. com LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PINECREST BAKERY IPH, LLC DIVISION OF CORE OF ATTOM Certificate of Status Û. JUN 26 0 Certified Copy 05 Page Count \$25.00 Estimated Charge AH II: RECEL **JUN 26** N O STIVINONS JUN 2 7 2017 Corporate Filing Menu Help Electronic Filing Menu

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IUN/2E/2017/MON 02:33 PM

## FAR NO. H 17000168630 3

## COVER LETTER

TO: Registration Section Division of Corporations

Pinecrest Bakery IPH, LLC

SUBJECT:

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	305 · · 615-2655 at ( )		
Name of Person	Arca 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)

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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

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P. 002

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Ақ	TICLES OF ORGANIZATIO OF	JN
Pinecrest Bakery IPH, LLC		
-	nited Linbility Company as it now appears or (A Florida Limited Liability Company)	our records.)
	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited		2016 Gand Signed
Florida document number L16000069685	·	10, 26
This amendment is submitted to amend the fo	llowing:	2016 Hation "I.I.C" or the abbreviation "I.I.C."
A. If amending name, <u>enter the new name</u>	of the limited liability company here:	
		10H
The new name must be distinguishable and contain the	words "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C "
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and	l/or registered office address on ou	r records, enter the name of the new
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Efrain Valdez, Jr.	
	12101 South Dixie Highway	
New Registered Office Address:	Enter Florida s	treet address
	Miamr	, Florida <u>33156</u>
	City	Zip Code
Now Registered Agent's Signature, if changing	·	
I hereby accept the appointment as register provisions of all statutes relative to the prop	ed agent and agree to act in this cape	icity. I further agree to comply with the
-accept the obligations of my position as reg	istered agent as provided for in Chap	ter 605 E.S. Or A this document is
being-filed to merely reflect a change-in the company has been notified in writing of this	registered office address, I hareby to change	mfirm that the limited liability
	If Changing Registered Agent,	Signature of New Registered Agent
	Paget of 3	
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F. CO4

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR - Authorized Member

<u>Title</u>	Name	<u>Address</u>	<u>Type of Action</u>
ambr	Pinecrest Bakery, LLC	12101 South Dixie Highway	🖂 Add
		Miami, Fl 33156	Remove
			E Change
MGR Efram Valdez, Jr.	Efram Valdez, Jr.	P.O. Box 562170	🔜 🙀 Add
		Miami, Fl 33256	C Řemove
		Change	
MGR Gładys M. Valdez	Gladys M. Vəldez	P.O. Box 562170	🖬 Add
	Miami, PI 33256	Remove	
			Change
MGR Joel Rodriguez	Joel Rodriguez	P.O. Box 562170	🛱 Add
	Miami, Fl 33256	Remove	
		Change	
			bbA 🗆
			Change

Page 2 of 3

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H 17000168650 3 E. COE UUN/28/2017/MON 02:39 FM D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 17 JUN 26 AH 11: 21 DIVISION OF COMPONINT IONS FILED 06/16/2017 (optional) E. Effective date, if other than the date of filing: (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

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.

document's effective date on the Department of State's records.

Dated Signature of a member or authorized representative of a member Valdez Jr aur ped or printed name of signee

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Filing Fee: \$25.00

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