## 17000066909

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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## COVER LETTER

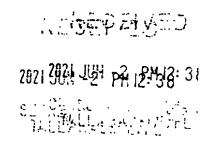
Registration-Section

TO:

Division of Corporations			
SUBJECT:	PINECRE	ST BAKERY 11, LLC	
50031.C.1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted 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	
		Address	
		Miami. Florida 33144	
		City/State and Zip Code	
	E mail a blance (	cesar@ravanandco.com to be used for future annual report not	(Mandaga)
For further information c	oncerning this matter, please c		mication)
Behzad Cesar Rava	n. CPA	at (305)615-2655	
Name of Person		Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
⅓ \$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		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303





May 15, 2021

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

SUBJECT: PINECREST BAKERY 11, LLC

Ref. Number: L17000066909

We have received your document for PINECREST BAKERY 11, 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: 121A00010247

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

THE PASSING THE PA <u>PINECREST BAKERY 11, LLC</u> (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 03/23/2017 and assigned on Florida document number L17000066909. 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 "LLC." 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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

> , Signature of New Registered Agent If Changing Registered Ago

8360 West Flagler Street, Suite 200

Miami

City

Enter Florida street address

\_\_, Florida \_\_

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>	Address	Type of Action
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	
		Miami, FL 33156	⊠Remove
		<del></del>	□Change
MGR Joel Rodriguez	Joel Rodriguez	P.O. Box 562170	□Add
		Miami, FL 33256-2170	<u>⊠</u> Remove
		□Change	
MGR Behzad Cesar Ravan, CPA	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	
		Miami, FL 33144	□ Remove
			🖾 Change
			□ Add
			Remove
			□ Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
		<del></del>	□Add
			□Change

). If amending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>
Note: If the date ins	sted, 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)( serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the e date on the Department of State's records.
the record specifies a coord is filed.	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
	MAN
	Structure of a member or authorized representative of a member
	Behzad Cesar Ravan
	Typed or printed name of signee

Filing Fee: \$25.00