

JUN/22/2017/THU 05:08 PM

Division of Corporations

L17000124055

FAX No.

H170001662043

6/22/2017

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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.

((H170001662043)))



H170001662043ABC

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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@mblanco CPA.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINECREST BAKERY 13, LLC

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

RECEIVED

2017 JUN 23 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JUN 23 AM 10:16
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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FAX No.

P. 002/005

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pintcrest Bakery 13, 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

3360 West Flagler Street, Suite 200

Address

Miami, Florida 33144

City/State and Zip Code

michael@mbblancocpa.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

305 at ()

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

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FAX No.

E. 003/003

H 170001662043

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Pinecrest Bakery 13, 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 06/06/2017 and assigned
Florida document number L17000124055

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)

P.O. Box 562170

Miami, FL 33256

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

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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

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3.015/05

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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: 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/

Signature of a member or authorized representative of a member

Efrain Valdez, Jr

Typed or printed name of signee

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Filing Fee: \$25.00

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27 JUN 23 AM 10:17
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SOUTHERD DISTRICT OF FLORIDA

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