

JUN/22/2017/10:01:01 AM

Division of Corporations

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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.

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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 @ mblancopa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PINECREST BAKERY 17, LLC

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

RECEIVED  
2017 JUN 22 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 JUN 22 AM 11:36  
TALLAHASSEE, FLORIDA

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S. WARREN

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JUN 23 2017

JUN/22/2017/THU 04:56 PM

FAX No.

P. 002

H 170001661253

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pinecrest Bakery 17, 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@rblancocpa.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

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FAX No.

P.003

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Pinecrest Bakery 17, 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 06/13/2017 and assigned  
Florida document number L17000128711.

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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STATE OF FLORIDA

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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
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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

6/16/17

Signature of a member or authorized representative of a member

Efrain Valdez, Jr

Typed or printed name of signer

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SOUTHERD DISTRICT OF FLORIDA

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