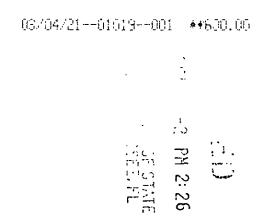
17000128711

(Requestor's Name)
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PICK-UP WAIT MAIL
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May 13, 2021

BEHZAD CESAR RAVAN, CPA 8360 WEST FLAGLER STREET SUITE 200 MIAMI, FL 33144

SUBJECT: PINECREST BAKERY 17, LLC

Ref. Number: L17000128711

We have received your document for PINECREST BAKERY 17, LLC and your check(s) totaling \$25.00. 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.

Letter Number: 221A00010111

Yasemin Y Sulker Regulatory Specialist III

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Division of Communities D.O. DOV 0297 Wellshammer Florida 2021

COVER LETTER

Tallahassee, Fl. 32314

我们的主持有意

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TQ:	Registration S Division of Co			18 th State Control of the Control
SUBJE	CT:		ST BAKERY 17, LLC	2021 JUN -2 PH 12: 39
	· · · · · · · · · · · · · · · · · · ·		nited Liability Company	TALL A. M
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	cturn all corresp	ondence concerning this matter	to the following:	
			Behzad Cesar Ravan, CPA	
			Name of Person	
			Ravan and Company LLL Firm/Company	p
			8360 West Flagier Street, Suite	e 200
			Address	
			Miami, Florida 33144 City/State and Zip Code	 _
		E-mail address:	cesar@ravanandco.com to be used for future annual re	port notification)
For furth	ner information o	concerning this matter, please of		
Bel	hzad Cesar Rava	n, CPA	at (305) 61	5-2655
	Name o	f Person	Area Code	5-2655 Daytime Telephone Number
Enclosed	l is a check for t	he following amount:		
₹ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Add	
	Registration Division of C			on Section of Corporations
	P.O. Box 632			re of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NECREST BAKERY 17, LLC ability Comnany as it now as			
(A Fig	orida Limited Liability Compa	ny)		
The Articles of Organization for this Limited Liabili	ity Company were filed	06/13/2017	and ass	signed
on Florida document number <u>L170001287</u> 11				
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability compan	y here:		
The new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.	.L.C."
Enter new principal offices address, if applicable:	8360 W	est Flagler Street, Suite	e 200	
Principal office address MUST BE A STREET AL	ODRESSI Miami,	FL 33144		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2			
				
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ur records, <u>enter the n</u>	ame of the ne	w regis
Name of New Registered Agent:	Ravan and Comp	any LLLP	.가. 포	, , ,
New Registered Office Address;	8360 West Flagle	r Street, Suite 200	2	المحمد الم
	Ente	Florida street address	F 6	
_	Miami	, Florida		
	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

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

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
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-	
-	
-	
:vore:	(optional) (ective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor ord is fil	d 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 ed.
Dated	January 27 3021
	1 Train
	Signature of a member or authorized representative of a member
	Behzad Cesar Ravan
	Typed or printed name of signee

Filing Fee: \$25.00