L17000133381

		<u></u>
(Re	questor's Name)	
(Add	dress)	
(Ádd	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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JUN 0 2 2021 LALBRITTON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

			ক
SUBJECT:	" PINECRE	ST BAKERY 18, LLC	
		ited Liability Company	
The anglocad Articles of	Amondment and facts are sub-	mitted for filing	
The enclosed Afficies of	Amendment and rec(s) are sno	mitted for tring.	
Please return all correspo	ondence concerning this matter	to the following:	
		Behzad Cesar Ravan, CPA	
		Name of Person	
Name of Person			
		Firm/Company	
		3360 West Flagler Street. Suite 200	
		Address	
		City/State and Zip Code	
	E-mail address: (cesar@ravanandco.com to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Behzad Cesar Rava	ın, CPA	at (305) 615-2655	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2021 JUN -2 PM 12: 39

TALLA CONTRA

May 15, 2021

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

SUBJECT: PINECREST BAKERY 18, LLC

Ref. Number: L17000133381

We have received your document for PINECREST BAKERY 18, 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: 221A00010245

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	1.60	٠
PINECREST BAKERY 18, LLC	101	
(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 _	06/19/2017	and assigned
on Florida document number <u>L170001333</u> 81			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company	<u>here:</u>	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u>8360 We</u>	st Flagler Street, Suite 20	0
(Principal office address MUST BE A STREET ADD	RESS) Miami, Fl	_ 33144	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here;	ed office address on our	records, enter the nam	e of the new register
Name of New Registered Agent:	Ravan & Company	LLLP	
New Registered Office Address:	8360 West Flagler	Street, Suite 200	
	Enter F	lorida street address	
	Miami	, Florida	33144
	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.

f 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

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

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Effect If an ef Note:	ive date, if other than the date of filing:	:07 (as t

Behzad Cesar Ravan
Typed or printed name of signee

Signature of a member or authorized representative of a member