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FAX No.

P. 001

Division of Corporations

L17000141381
Florida Department of State
Division of Corporations
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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@blancollp.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINECREST BAKERY 19, LLC**

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Corporate Filing Menu

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

Pinecrest Bakery 19, 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 06/29/2017 and assigned
Florida document number L17000141381

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:

(Principal office address MUST BE A STREET ADDRESS)

13488 Biscayne Boulevard
North Miami, FL 33181

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:

Efrain Valdes, Jr.

New Registered Office Address:Enter Florida street addressFloridaCityZip CodeNew 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.

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 Valdes, Jr.	P.O. Box 562170	☐ Add
		Miami, Florida 33156	☐ Remove
			☒ Change
MGR	Gladys Valdes	P.O. Box 562170	☐ Add
		Miami, Florida 33156	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (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 605.0237 (3)(b)
Note: If the date entered 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.

(b) The 90th day after the record is filed.

Dated 12/13 2017

 Signature of examiner or authorized representative of a member
Efrain Valdes, Jr

 Typed or printed name of signer

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