L17000141381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2021

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

SUBJECT: PINECREST BAKERY 19, LLC
Ref. Number: L17000141381

We have received your document for PINECREST BAKERY 19, 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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00010109

COVER LETTER

RECEIVED

2021 JUN -2 PM 12:39

TO: **Registration Section**
Division of Corporations

SUBJECT: PINECREST BAKERY 19, 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:

Behzad Cesar Ravan, CPA
Name of Person

Ravan and Company LLLP
Firm/Company

8360 West Flagler Street, Suite 200
Address

Miami, Florida 33144
City/State and Zip Code

cesar@ravanandco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Behzad Cesar Ravan, CPA 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 06/29/2017 and assigned on 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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

8360 West Flagler Street, Suite 200
Miami, FL 33131

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: Ravan and Company LLLP

New Registered Office Address: 8360 West Flagler Street, Suite 200
Enter Florida 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.

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	Name	Address	Type of Action
AMBR	Pinecrest Bakery LLC	12101 South Dixie Highway	☐ Add
		Miami, FL 33156	☒ Remove
			☐ Change
MGR	Joel Rodriguez	P.O. Box 562170	☐ Add
		Miami, FL 33256-2170	☒ Remove
			☐ Change
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	☐ Add
		Miami, FL 33144	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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: _____ **(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 January 27, 2021.

Signature of a member or authorized representative of a member

Behzad Cesar Ravan

Typed or printed name of signee

Filing Fee: $25.00