

L17 000 141 381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

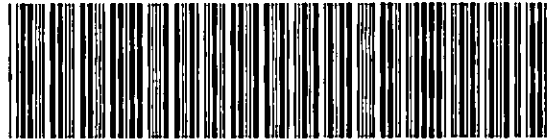
(Business Entity Name)

(Document Number)

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2021-03-04

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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

TO: Registration Section  
Division of Corporations

RECEIVED

2021 JUN -2 PM 12:39

SUBJECT: PINECREST BAKERY 19, LLC  
Name of Limited Liability Company

5-21-21  
TALLAHASSEE

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 L.L.P.

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

Name of Person

at ( 305 )

Area Code

615-2655

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

(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."

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:**

Ravan and Company LLP

8360 West Flagler Street, Suite 200

Enter Florida street address

## Florida

33/44

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Pinecrest Bakery LLC</u>	<u>12101 South Dixie Highway</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33156</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Joel Rodriguez</u>	<u>P.O. Box 562170</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33256-2170</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Behzad Cesar Ravan, CPA</u>	<u>8360 West Flagler Street, Suite 200</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33144</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(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)

Dated January 27, 2021

Behzad Cesar Ravan

**Filing Fee: \$25.00**