## L20 0000 7572Z

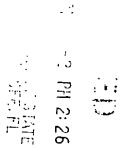
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700361061967

03/04/21--01019--001 \*\*500.00



JUN 0 0 LUL1





May 13, 2021

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

SUBJECT: PINECREST BAKERY 22, LLC

Ref. Number: L20000075722

We have received your document for PINECREST BAKERY 22, 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: 921A00010108

Yasemin Y Sulker Regulatory Specialist III

## **COVER LETTER**

TO: Registration Section

HEORIVES

Division of Corporations

2021 JUN -2 PM 12: 39

SUBJECT: PINECREST BAKERY 22, LLC

Name of Limited Liability Company

Name of Limited Liability Company

Behzad Cesar Ravan, CPA

Name of Person

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ravan and Company LLLP

Firm/Company

8360 West Flagler Street, Suite 200

Address

Miami, Florida 33144

City/State and Zip Code

cesar@ravanandco.com

cesar@ravanandeo.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:

M \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

Street Address:

\$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

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

P	INECREST BAKER	Y 22. LLC	<del></del>			
(Name of the Limited I. (A.F.	lorida Limited Liabil	ity Company)	S on our records.)			
The Articles of Organization for this Limited Liabi on Florida document number	• •	re filed	03/12/2020		_ and as	signed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability	company he	ere:			
The new name must be distinguishable and contain the wor	rds ·'Limited Liabilit	ty Company," t	he designation "L	LC" or the a	abbreviat	ion ·'L.IC."
Enter new principal offices address, if applicable	e:	8360 West I	Flagler Street, S	uite 200		
(Principal office address MUST BE A STREET A	DDRESS)	Miami, FL	33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	_ π _	P.O. Box 50 Miami, FL	52170 33256-2170			
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ess on our re	ecords, <u>enter th</u>	e name o	of the ne	ew registered
Name of New Registered Agent:	Ravan an	d Company	LLLP	· 	; C4	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	8360 We	st Flagler Sti	eet, Suite 200			j 6 5
		Enter Flor	ida street oddress		-5 -6	
_		liami	, Flor	ida	33 44	
		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 ogent, 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	
		Miami, FL 33156	⊠Rcmove
<u>MGR</u>	Joel Rodriguez	P.O. Box 562170	
		Miami, FL 33256-2170	
	<del></del>		
MGR	Behzad Cesar Ravan, CPA	8360 West Flagler Street, Suite 200	
		Miami, FL 33144	Remove
			LXChange
			□ Add
			☐ Remove
			□ Change
		<del></del>	□Add
			🗆 Remove
			Change
			□Add
		***	□ Remove
			□ Change

D. If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>= 1= 1</del>	
(If an effective date is I <u>Note:</u> If the date in	other than the date of filing:  (optional)  isted, 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), ascrted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the we date on the Department of State's records.
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 27 . 2021
	Signature of a member-or authorized representative of a member
	Rahmad Casas Russas
	Behzad Cesar Ravan Typed or printed name of signee

Filing Fee: \$25.00