



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000191469 3)))



H190001914693ABC7

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PIER ROCK ARTISAN LLC**

*****PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 6/19/19*****

Certificate of Status	0
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Page Count	04
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June 26, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PIER ROCK ARTISAN LLC
11601 WILSHIRE BLVD., #1680
LOS ANGELES, CA 90025US

SUBJECT: PIER ROCK ARTISAN LLC
REF: M19000005619

***PLEASE PROVIDE ORIGINAL
SUBMISSION DATE OF 6/19/19***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Application illegible.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H19000191469
Letter Number: 719A00012912

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pier Rock Artisan LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Gustovich

Name of Person

Pier Rock c/o D. Gustovich

Firm/Company

13506 Summerport Village Parkway, #1808

Address

Windermere, FL 34786

City/State and Zip Code

dgustovich@pierrock.com

E-mail address: (to be used for future annual report notification)

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AND
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For further information concerning this matter, please call:

Maggie Edgar

at **502** **779-8113**

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CRZE062 (9/15)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Pier Rock Artisan LLC

SECOND: The Florida Document number of the limited liability company is: H19000180461

THIRD: Document to be corrected is: Foreign LLC Qualification

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

See Attached.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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INCORRECT FLORIDA AGENT: 13506 Summerport Village Parkway, Windmere, FL 34786

CORRECT: 13506 Summerport Village Parkway, #1808, Windermere, FL 34786

INCORRECT: Manager is Chris Tokarski

CORRECT: Manager is Pier Rock Properties LLC

INCORRECT: c/o ACORE Capital, 11601 Wilshire Blvd #1680, Los Angeles, CA 90025

CORRECT Pier Rock Properties, 29 Eugene St., Mill Valley, CA 94941

APPROVED
AND
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