

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

M140005143

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

From: Account Name : CAPITOL SERVICES, INC.  
 Account Number : 12016CC0017  
 Phone : (855) 498-5500  
 Fax Number : (800) 432-3622

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**\*\*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**  
**DOLCE AT BELLA TERRA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dolce at Bella Terra LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Krucker  
Name of Person

Libby Sparks Willis Starnes PLLC  
Firm/Company

5950 Berkshire Lane, Suite 200  
Address

Dallas, Texas 75225  
City/State and Zip Code

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

For further information concerning this matter, please call:

Spencer Bryson at ( 214 ) 390-2300  
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

2019 MAY -3 AM 10:55  
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 AHD  
 FILED  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Dolce at Bella Terra LLC

Enter new principal office address, if applicable: 335 S Biscayne Blvd. Apt. #2601

Miami, Florida 33131  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 335 S Biscayne Blvd. Apt. #2601

Miami, Florida 33131  
*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M14000005143

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 07/18/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

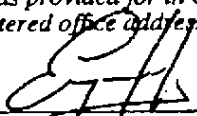
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Enrique Mesejo

New Registered Office Address: 335 S Biscayne Blvd. Apt. #2601  
*Enter Florida Street Address*

Miami, Florida 33131  
*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

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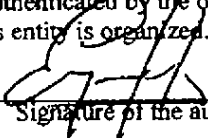
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Enrique Mesejo</u>	<u>335 S Biscayne Blvd. Apt. #2601</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33131</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Ruslan Krivoruchko</u>	<u>21500 Biscayne Blvd. #402</u>	<input type="checkbox"/> Add
		<u>Aventura, FL 33180</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

**Enrique Mesejo**

Typed or printed name of signee

Filing Fee: \$25.00