# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000159782 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

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 DOLCE AT BELLA TERRA LLC

\*\*\*If you can, please provide the original submission date of 5/15/19. I guess there was a technical issue and the fax didn't go through. Thank you!\*\*\*

Certificate of Status	0
Certified Copy	1
Page Count	04
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Electronic Filing Menu

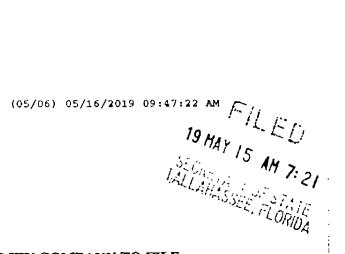
Corporate Filing Menu

Help

K. SALY MAY 17 2019

### **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  MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:  \$\Bigcup \text{\$\Section} \	ኒ



#### 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:			
(Principal office address MUST BB A STREET ADDRESS)			
Enter new maiting address, if applicable: (Mailing address: MAX BE A POST OFFICE BOX)			
2. The Florida document number of this limited lia	bility company is: M14000	0005143	
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			
5. New name of the limited liability company:(mus	t contain "Limited Liability Co	ompany, " "L.L.C," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.C.	naging members adopting the	business in Florida and attach a alternate name. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office ar	ed officer address on our recor	ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
		Florids	
	City	7ip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age	ni and agree to act in this cap-	actry. I further agree to comply w	

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.

itle/ Capacity	Name	Address	Type of Actio	
MGR	Carlos Alviarez	Alviarez 335 S Biscayne Blvd. Apt. #2		
		Miami, FL 33131	Remo	
			Add	
			Remo	
			Ndd	
			Remo	
			Add	
			Remov	
			Add	
aforemention	ander the law of which this entity is org	by the official having custody of records in t	Remov	

Filing Fee: \$25.00