# 2/3000072445

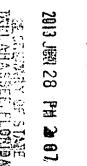
(Re	questor's Name	<del>)</del>		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificat	res of Status		
Special Instructions to Filing Officer:				
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June 5, 2013

TAMARA WILLIAMS 718 SW PORT ST. LUCIE BLVD. #4 PORT ST. LUCIE, FL 34953

SUBJECT: DOLCE VIDA REALTY, LLC

Ref. Number: L13000072445

We have received your document for DOLCE VIDA REALTY, LLC and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this 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) 245-6094.

Letter Number: 813A00014160

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

· TO:

Registration Section
Division of Corporations

SUBJECT:

Dolce Vida Realty, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

# Tamara Williams

Name of Person

# My Real Estate Virtual Assistant

Firm/Company

718 SW Port St. Lucie Blvd. #4

Address

Port St. Lucie, FL 34953

City/State and Zip Code

tamarsellsFL@yahoo.com

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

For further information concerning this matter, please call:

# Tamara Williams

Name of Person

**1,772**,475-8878

Area Code & 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doice Vida Realty, LLC				
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number L13000072445	Company were filed on 05/17/2013	<u></u> ;	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
My Real Estate Virtual Assistant, LLC				
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Company," the des	signation "LLC"		bbreviation
			2013	
Enter new principal offices address, if applicable:			<u>s</u>	- Committee of the Comm
(Principal office address MUST BE A STREET ADD	(RESS)	字 (i) () (i) (i) (ii)	₩	
		<u> </u>	<del>~</del>	
		[2]	(CEE	- State and the state of the st
Enter new mailing address, if applicable:	<del> </del>		207	
(Mailing address MAY BE A POST OFFICE BOX)		<b>G</b>	,J	
				<u>.                                </u>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ds, <u>enter the r</u>	name of	f the new
Name of New Registered Agent:			<del></del>	<del></del>
New Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
	Enter Florida	a street address		
<del></del>		Florida		
	City	$\boldsymbol{Z}_{i}$	ip 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address 1	ype of Action
MGRM	Isabel Williams	718 SW Port St. Lucie Blvd #4	Add
		Port St. Lucie, FL 34953	Remove
MGR	Isabel Williams, LLC	718 SW Port St. Lucie Blvd #4	Add
		Port St. Lucie, FL 34953	Remove
MGRM	Tamara C. Williams	718 SW Port St. Lucie Blvd #4	Add
		Port St. Lucie, FL 34953	Remove
MGR	Tamara C. Williams, PA	718 SW Port St. Lucie Blvd #4	<b>✓</b> Add
		Port St. Lucie, FL 34953	Remove
		ALC AR	Add
, same		25. (c. 25. (c	Remove
		STATE OF THE PARTY	
<del></del>			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
	28 T
Dated Dated 15 n. 2013.	
De Will	<u>स्थ</u>
Signature of a member or authorized representative of a member  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00