

106000108600

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(Address)

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(City/State/Zip/Phone #)

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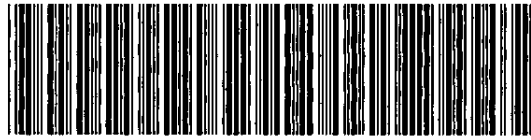
(Business Entity Name)

(Document Number)

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106-10860

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLCE VITA MASSAGE CLINIC 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:

Augusto Ferreira

(Name of Person)

Augusto Ferreira Accounting Service

(Firm/Company)

195 S. Westmonte Dr #1114

(Address)

Altamonte Springs FL 32714

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Augusto Ferreira

(Name of Person)

at (407) 786-6400

(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**

DOLCE VITA MASSAGE CLINC LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 11/20/2006 and assigned document number L06000108600.

SECOND: This amendment is submitted to amend the following:

The new name of the limited liability company is:

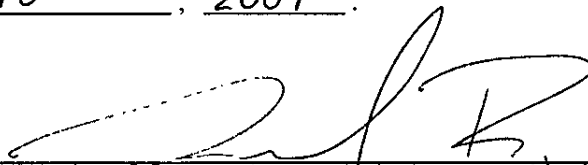
Dolce Vita Wellness Center, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated July 10, 2007.



Signature of a member or authorized representative of a member

Daniel M. Rosenberg

Typed or printed name of signee

Filing Fee: \$25.00