## 690000075760

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business.Entity Name)  (Document Number)  Certified Copies Certificates of Status
PICK-UP WAIT MAIL  (Business.Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
(Document Number)  Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officers
Special Instructions to Eiling Officer
Consist Instructions to Citing Officer
Special Instructions to Filing Officer:





700160812867

09/22/09--01019--014 \*\*55.00

EP 22 PH 2: 3

S. HAWKES

SEP 2 3 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration of							
SUBJI	ECT:	R	<u>&amp; I</u>	R Do	<u>lce</u>	Enterpris Name of Limi	es LLC ited Liability Company	
The en	closed Article	es of	`Am	endme	nt an	d fee(s) are sub	omitted for filing.	
Please	return all cor	respo	onde	nce co	nceri	ning this matter	to the following:	
			-		F	lichard P.	Reina Name of Person	
				<del></del>	F	k & R Dolc	e Enterprises.LLC	
					Firm/Company  8336 Via Rosa, Ochondo, Fil. 32036			
Address Orlando, FL 32836								
					r	reina@nat	City/State and Zip Code  COm to be used for future annual report notification	
For fu	ther informat	tion (	conc	erning		E-mail address: ( matter, please o		on)
Richard P. Reina Name of Person					1		at (407 ) 432-0855 Area Code & Daytime Te	Janhona Number
	Į V	ame (	J1 1 C	3011			Area Code & Dayonie re	repriorie (vanoci
Enclos	ed is a check	for t	he fo	ollowii	ng an	nount;		
\$25	5.00 Filing Fe	ee				ling Fee & ate of Status	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

R & R Dolce Ent		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Florida document numberL09000075760	, , ,	/2009 and Assigned
This amendment is submitted to amend the following:		22 PH 3: 36
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company,"	the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:	***************************************	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
MGMR	Danya R.oReale	8336 Via Rosa Orlando, FL 32836	Add X Remove
MGMR	Richard F. Reale	8336 Via Rosa Orlando, FL 32836	Add  Remove
MGMR	Sandra S. Reina	8336 Via Rosa Orlando, FL 32836	Add Remove
MGMR	Jason B. Reina	8336 Via Rosa Orlando, FL 32836	Add Remove
MGMR	Rachel H. Reina	8336 Via Rosa Orlando, FL 32836	Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.	) 
_			
Dated Se	Lut	009	···
	/Signature of a mem Richard P.	ber or authorized representative of a member	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00