

L09000075962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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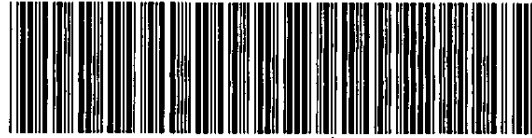
(Business Entity Name)

(Document Number)

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2009 SEP 28 PM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 29 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dolce Designs, 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:

Judith A. Mandigo

Name of Person

Dolce Designs, LLC

Firm/Company

7018 Summit Drive

Address

Navarre, FL 32566

City/State and Zip Code

mandigo00@bellsouth.net

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

For further information concerning this matter, please call:

Judith A. Mandigo

Name of Person

at (850)

240-2516

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

FILED

2009 SEP 28 PM 1:48

Dolce Designs, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7 August 2009 and assigned
Florida document number L09000075962.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

William D. Mandigo

New Registered Office Address:

7018 Summit Drive

Enter Florida street address

Navarre

Florida

32566Mr.

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.

William D. Mandigo
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>	<u>Address</u>	<u>Type of Action</u>
Mr	John W. Mandigo	1327 Meeting Place Orlando FL 32814	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mrs	Piper Mandigo	1327 Meeting Place Orlando FL 32814	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mr	William D Mandigo	7018 Summit Drive Navarre FL 32566	<input type="checkbox"/> Add <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 <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 25, 2009

Judith A. Mandigo
Signature of a member or authorized representative of a member
Judith A. Mandigo
Typed or printed name of signee

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2009 SEP 28 PM 1:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE