## L09000087/83

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J. BRYAN
OCT -1 2012
EXAMINER

## **COVER LETTER**

TO: Registration S Division of C				,
SUBJECT:		ional Distribution LLC		_
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Mario R. Melton		FILE D. 3: 33
		Name of Person		学 公
	Dolce Ir	nternational Distribution L	LC	28 1
		Firm/Company		2 6
		5433 NW 72 Ave		ب _ بي _ پي
		Address		- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
		Mlami, Florida 33166		
		City/State and Zip Code		_
E-mail address:		nrm@dolceshot.com to be used for future annual report no	otification)	-
For further information	concerning this matter, please of	call:		
	ario R. Melton	at (_305_)	562-5162	
Name of Person		Area Code & Day	time Telephone Numl	ber
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)	Certifi sed) Certifi	Filing Fee, cate of Status & led Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:	·

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dolce International Distribution LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 09/09/09 The Articles of Organization for this Limited Liability Company were filed on L09000087183 Florida document number 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." 2640 S. Bayshore Drive, suite 210 Enter new principal offices address, if applicable: Miami, Florida 33133 (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: New Registered Office Address: Enter Florida street address

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.

City

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 **Address Type of Action** Title Name | **MGRM** Giraldo Leyva jr. 2640 S. Bayshore Drive, suite 210 Remove Miami, Florida 33133 ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar Signature of a member or authorized representative of a member Mario R. Melton

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee