L1000057385

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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2013 JUN -3 PH 1: 32

JUN 04 2013 D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLCE LIVING INVESTMENTS, 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:

Ruslan Krivoruchko

Name of Person

Dolce Living Investments, LLC

Firm/Company

1920 E Hallandale Beach Blvd. STE 505

Address

Hallandale Beach, FL 33009

City/State and Zip Code

info@dlcresidential.com

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

For further information concerning this matter, please call:

Dayle Middleton

Name of Person

[,]954、455-0311

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 LIVING INVESTME	•			
(Name of the Limited I (A I	iability Compar Torida Limited L	y as it now appears or iability Company)	our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on 05/27/	/2010	and assigned
Florida document number L10000057385	 •			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:		1920 E HALLAN	NDALE BEACH	BLVD
(Principal office address MUST BE A STREET ADDRESS)		SUITE 505		
		HALLANDALE E	BEACH, FL 330	009
Enter new mailing address, if applicable:			3.	28
(Mailing address MAY BE A POST OFFICE BOX)			4	<u> </u>
*			į	2
			in the	ω 1
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter th	e name of the new
`				\(\frac{1}{2}\)
Name of New Registered Agent:	RUSLAN K	RIVORUCHKO		
New Registered Office Address:	1920 E HAL	LANDALE BEAC	H BLVD., SUIT	E 505
		Enter i	Florida street addr	ess
	HALLANDA	LE BEACH	, Florida <u>33</u> 0	009

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGRM	LEON IDESIS	1920 E HALLANDALE BEACH BLVD Add
		SUITE 505
		HALLANDALE BEACH, FL 33009
MGRM	RUSLAN KRIVORUCHKO	1920 E HALLANDALE BEACH BLVD Add
		SUITE 505
		HALLANDALE BEACH, FL 33009
	· · · · · · · · · · · · · · · · · · ·	Add
		Remove
		280
		Add Add
		Remove
		1: 32
		Add
		Remove
		Add
		Remove

D. If	amending any other inform	ation, enter change(s) here: (Attach add	itional sheets, if necessary.)
		<u> </u>	
Dated	MAY 24		
	RUSLAN KRI\	ghature of a tember or authorized representa ORUCHKO	tive of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

