

Division of Corporations

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L10000057385

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DOLCE LIVING INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

14 OCT -7 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESFILED
14 OCT -7 AM 8:29
ALLAHBEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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9/11

10/8/14 https://efile.sunbiz.org/scripts/efilcovr.exe

10/7/2014

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:

CARRIE BAZELLA
Name of Person
MESSERLI & KRAMER P.A.
Firm/Company
1400 FIFTH STREET TOWERS
Address
100 SOUTH FIFTH STREET
MINNEAPOLIS, MN 55402
City/State and Zip Code
BPESSOLAND@DLCRESIDENTIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE BAZELLA at (612) 672-3623
Name of Person 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 INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/27/2010 and assigned
Florida document number L10000057385

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)

21500 Biscayne Boulevard

Suite 402

Aventura, FL 33180

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:

21500 Biscayne Boulevard, Suite 402

Enter Florida street address

Aventura

City

Florida 33180

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 605, 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

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CLERK OF COURTS
DADE COUNTY
FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Tatyana Krivoruchko	1920 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Suite 505	<input checked="" type="checkbox"/> Remove
		Hallandale Beach, FL 33009	
MGRM	Ruslan Krivoruchko	1920 E. Hallandale Beach Blvd.	<input type="checkbox"/> Add
		Suite 505	<input checked="" type="checkbox"/> Remove
		Hallandale Beach, FL 33009	
MGRM	Ruslan Krivoruchko	21500 Biscayne Boulevard	<input checked="" type="checkbox"/> Add
		Suite 402	<input type="checkbox"/> Remove
		Aventura, FL 33180	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 1, 2014



Signature of a member or authorized representative of a member

Ruslan Krivoruchko

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA