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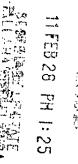
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COVER LETTER

OUB IT OF	CRISTIN	II DOLCIUMI LLC		
SUBJECT:		nited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are su	abmitted for filing.		
Please return all co	rrespondence concerning this matte	er to the following:		
		Andrea Fiocchi, Esq.		
		Name of Person		
		Reinhardt LLP		
		Firm/Company		
		44 Wall Street, 10th Fl.		
		Address		
		New York, NY 10005		
	afic	City/State and Zip Code		
		(to be used for future annual report notification)		
For further informa	tion concerning this matter, please	call:		
A	ndrea Fiocchi, Esq.	at (212) 710-0970		
, , , , , , , , , , , , , , , , , , ,	lame of Person	Area Code & Daytime Telephone Number		
Enclosed is a check	s for the following amount:			
₽ \$25.00 Filing F	ee \$\int \frac{30.00}{30.00}\$ Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)	
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

CRISTINI DOLCIUMI LLC The Articles of Organization for this Limited Liability Company were filed on August 26, 2010 and assigned L10000090073 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." 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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
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Dated	January 28	, 2011			
	/	ind'	mas-	· 	
		·	authorized representative of a men	nber ·	<u></u>
		//	ristini (Sole Member)		
			printed name of signee		

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