L12000031104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12 MAR 22 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 23 2012

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2012

OSCAR BONELLI
1880 S. TREASURE DRIVE #3-M
NORTH BAY VILLAGE, FL 33141

SUBJECT: DOLOMITI DOLCI LLC
Ref. Number: L12000021104

We have received your document for DOLOMITI DOLCI LLC and your check(s) totaling $55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00009222

FILED
12 MAR 22 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Dolomiti Dolci, 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:

Oscar Bonelli
Name of Person

Dolomiti Dolci LLC
Firm/Company

1880 S. Treasure Drive #3M
Address

North Bay Village, FL 33141
City/State and Zip Code

info@dolomitidolci.com
E-mail address: (to be used for future annual report notification)

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12 MAR 22 PM 12:60
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Claudia Bonelli at (305) 794 0060
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

Dolomiti Dolci, 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 2/10/2012 and assigned Florida document number L12000021104

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)

1880 S. Treasure Drive #3M
North Bay Village,
FL 33141

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

FILED
12 MAR 22 P 12:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: No Change, Same as Original filing

New Registered Office Address: same as above
Enter Florida street address

_____, **Florida** 33141
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.

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

Title	Name	Address	Type of Action
MGR	Oscar Borelli	1880 S. Treasure Dr. Apt 3M North Bay Village FL 33141	☒ Add ☐ Remove
MGRM	Claudia Alfaro - Borelli	1880 S. Treasure Dr. Apt 3M North Bay Village, FL 33141	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
12 MAR 22 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 3/17/2012

Oscar Borelli
Signature of a member or authorized representative of a member

OSCAR BORELLI
Typed or printed name of signee

Claudia Alfaro-Borelli

Filing Fee: $25.00