L13000072445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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A. LUNT

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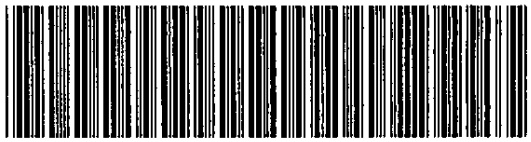

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2013

TAMARA WILLIAMS
718 SW PORT ST. LUCIE BLVD. #4
PORT ST. LUCIE, FL 34953

SUBJECT: DOLCE VIDA REALTY, LLC
Ref. Number: L13000072445

We have received your document for DOLCE VIDA REALTY, LLC and your check(s) totaling $90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 813A00014160

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Dolce Vida Realty, 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:

Tamara Williams
Name of Person

My Real Estate Virtual Assistant
Firm/Company

718 SW Port St. Lucie Blvd. #4
Address

Port St. Lucie, FL 34953
City/State and Zip Code

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

For further information concerning this matter, please call:

Tamara Williams at (772) 475-8878
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 Vida Realty, 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 05/17/2013 and assigned Florida document number L13000072445.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

My Real Estate Virtual Assistant, LLC

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)***

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**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*

_____, **Florida** _____
*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 |
|---|---|---|---|
| MGRM | Isabel Williams | 718 SW Port St. Lucie Blvd #4 | ☐ Add |
| | | Port St. Lucie, FL 34953 | ☑ Remove |
| MGR | Isabel Williams, LLC | 718 SW Port St. Lucie Blvd #4 | ☑ Add |
| | | Port St. Lucie, FL 34953 | ☐ Remove |
| MGRM | Tamara C. Williams | 718 SW Port St. Lucie Blvd #4 | ☐ Add |
| | | Port St. Lucie, FL 34953 | ☑ Remove |
| MGR | Tamara C. Williams, PA | 718 SW Port St. Lucie Blvd #4 | ☑ Add |
| | | Port St. Lucie, FL 34953 | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |

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

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TALLAHASSEE, FLORIDA

Dated June 13, 2013.

Signature of a member or authorized representative of a member

Tamara Williams

Typed or printed name of signee



**Filing Fee: $25.00**