

c. 18. 013 00 00AM power of attorney No. 5047 2. 1
12/1/13 Division of Corporations
L13000124918

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000277241 3)))



H130002772413ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : A. GARCIA & CO., P.A.
Account Number : I20000000094
Phone : (305) 273-6525
Fax Number : (305) 273-6564

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DLC DOUGH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED

13 DEC 18 AM 11:36

RECEIVED

13 DEC 18 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dec. 18. 2013 10:40AM*

Irs power of attorney

No. 5043 P. 2

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DLC DOUGH, 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 09/04/2013 and assigned
Florida document number L13000124918

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

DLC DOUGH, LLC

13049 SW 122 AVE

MIAMI, FL 33186

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, Florida 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

FILED
13 DEC 18 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

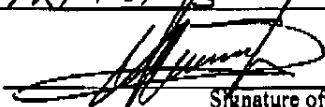
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PERTICA, DANIEL	13049 SW 122 AVE	NO CHANGE <input type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
MGRM	BALSEIRO, CARLOS	13049 SW 122 AVE	NO CHANGE <input type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
MGRM	LEANDRO KORN	13049 SW 122 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

12/18/13



12/18/13

Signature of a member or authorized representative of a member

DANIEL REITER - MGR M

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00