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Division of Corporations <https://efile.sunbiz.org/scripts/efilepyr.exe>
L/15000098304

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561) 694-8107
Fax Number : (561) 694-1639

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
DULCAM GROUP, LLC

Certificate of Status	0
Certified Copy	0
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K. GALT
EXAMINER

JUN 16

2016 JUN 15 PM 4:32
2016 JUN 15 AM 9:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2016 JUN 15 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DULCAM GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/04/2013 and assigned
Florida document number L15000098304.

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 contain 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, 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 603, 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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 TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person below added or removed from our records:

MGR = Manager
 AMGR = Authorized Member

Title	Name	Address	Type of Action
MGR	DOLSBRA HOLDINGS LTD.	1000 BRICKELL AVENUE	☐ Add
		SUITE 400	☐ Remove
		MIAMI, FLORIDA 33131	☐ Change
MGR	MANGRA ESTATES CORP.	17270 N.E. 19th Avenue	☐ Add
			☐ Remove
		North Miami Beach, FL 33162	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

Blank lined area for amendments, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 (5)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 3rd, 2016

X

Signature of a member of subject's Representative of a member

FERNANDO PALETTA

Typed or printed name of signer