U50000846

(Re	equestor's Name)			
(Ad	dress)	•		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





300275772013

08/07/15--01020--003 **30.00



AUG 10 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Doice Vita & RSVP SKIN CARE MARKETING 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:
MATT Pezzullo Name of Person
Dolce Vita & RSVP SKIN CARE MARKETING LLC. Firm/Company
7-03 n 12th St
Tampa FL 33602 City/State and Zip Code
Dolcevita 121112 @ 9mail.com E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:
MATT Pezu 110 at (813) 956 3439 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy} \\ Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Skin Care Marketing iability Company as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on 07/28/15 Florida document number <u>L 15000128846</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Dolce Vita Marketing Group LLC.

The new name must be distinguishable and contain the words "Limited Libbility 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:

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

MGR = Manager AMBR = Authorized Member

Title .	<u>Name</u>	Address	Type of Action
Title Name Same	Same	Same	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
	·		Add
			Remove
			□ Change
		TR DAdd	
		□ Add □ Remove	
			□ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

-			
	<u>, </u>		
		.	
			
	·		<u> </u>
			
Effective date, if other than the date of an effective date is listed, the date must be so the locument's effective date on the Department's effective date on the Department.	specific and cannot be prior to or does not meet the applicable ment of State's records.	e statutory filing requirem	nents, this date will not be listed
e record specifies a delayed efforther. The 90th day after the record	ective date, but not a is filed.	n effective time, at 1	12:01 a.m.on the earlier
			当まら
pated08/06/15		•	
Dated 08/06/15 —	ature of a member or authoriz	·	\$ \frac{3}{5} \frac{3}{5}

Page 3 of 3

Filing Fee: \$25.00