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S. YOUNL

TALLAHASSEE, ILUMON

COVER LETTER

	gistration Section vision of Corpor			
SUBJECT:		DOBBIANA Name of Limi	LL C ited Liability Company	
The enclose	d Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return	1 all corresponde	nce concerning this matter	to the following:	
		KARIN	A ROCHA Name of Person	
		TAXLE	Firm/Company	16 OCT
		14334 B	ISCAUNE BUUD	16 OCT -3 PM 4: 52
		North ni	City/State and Zip Code	33181 52
	_	E-mail address: (o be used for future annual report no	otification)
For further i	nformation conc	erning this matter, please ca	ill:	
	KARINA Name of Pe			4 - 5998 me Telephone Number
Enclosed is	a check for the fo	ollowing 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)
	MAII INC	: ADDRESS:	STRFFT/COLU	RIFR ANDRESS:

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DO BBIANA	LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears nited Liability Company)	s on our records.)	_
The Articles of Organization for this Limited Liability Comp	pany were filed on	08/02/16	and assigned
Florida document number <u>L 16 000 1 44 38 4</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the ab	breviation "L. T. D."
Enter new principal offices address, if applicable:			9 5
(Principal office address MUST BE A STREET ADDRES.	<u>'S)</u>		7 0000
		· · · · · · · · · · · · · · · · · · ·	2 HOE
			F. 935
Enter new mailing address, if applicable:			5 3
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BETTY MARGOT VARELA REBUFELLO	 	
	•		□ Remove
			Change
ANBR	DANIEL RAMÓN CEPELLINI OLMOS		Add
			Remove
			? SSEPTE
			□ Agd The Property of the Pro
			☐ Change
			Add
			Remove
			Change
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(If an effective Note: If the	date, if other than the date of filing:	uant to 605.0207 (3 not be listed as the
) The 90t	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the other than the record is filed.	ne earlier of:
Dated	09/27, 2016.	

Page 3 of 3

Filing Fee: \$25.00