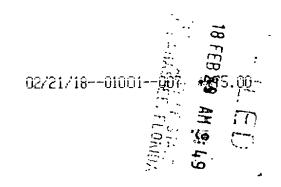
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

a Fontana Dolphin	Mall, LLC	-
	<u>-</u>	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
ignature		Fictitious Owner Search
		Vehicle Search
		Driving Record
lequested by: Seth	2/20/18	UCC 1 or 3 File
	Date Time	UCC 11 Search
		UCC 11 Retrieval
Valk-In	Will Pick Up	Courier

COVER LETTER

Division of Cor			
La Fontana SUBJECT:	a Dolphin Mall, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mr. Carlos M. Samlut		
		Name of Person	_
	Samlut & Company, P.A.		
	 	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: Carlos M. Samlut Name of Person nlut & Company, P.A. Firm/Company D. Biltmore Way Suite 200 Address ral Gables, FL 33134 City/State and Zip Code nlut@samlut.com E-mail address: (to be used for future annual report notification) ing this matter, please call: at (Area Code) Daytime Telephone Number wing amount: 30.00 Filing Fee & \$\sum_{\text{S55.00 Filing Fee}} \text{\$\sum_{\text{S60.00 Filing Fee}}} \text{\$\sum_{\text{S60.00 Filing Fee}}.}	
	550, Biltmore Way Suite 2	00	
		Address	
	Coral Gables, FL 33134		
		City/State and Zip Code	
	csamlut@samlut.com	to be much for future persual support	el Canadiana
Confination in Commission		•	incation)
ror turner intornation i	concerning this matter, please ca		
Mr. Carlos M. Samlut		305 461 9518 at ()	
Name e	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
MAII	JNG ADDRESS:	STREET/COUR	RIER ADDRESS:

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La Fontana Dolphin Mall, 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 May 26, 2017 _ and assigned Florida document number ____L17000116788 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: La Fontana Alimentare, LLC The new name must be distinguishable and contain 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) 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: Emer Florida street address . Florida City

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 morely 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 _□ Add _□ Remove _ Change _□ Add _□ Remove _ Change _□ Remove A & 28 _□ Add _□ Remove

__ Change

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Effective date, if other than the	date of filing	::		(ontional)		
If an effective date is listed, the date mus Note: If the date inserted in this blo	t be specific and ock does not m	cannot be prior to leet the applical	odate of filing or ole statutory fi	more than 90 days	after tiling) Pursu	ant to 605	5.0207 ted as
document's effective date on the De	epartment of St	tate's records.	ĺ	3 1			
ne record specifies a delayed The 90th day after the reco	l effective do ord is filed.	ate, but not	an effective	e time, at 12:	01 a.m. on th	ie earli	er of
Dated February 19		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00