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COVER LETTER

TO: Registration S Division of Co				
DOLCE V	TTA US 1, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	f Amendment and fee(s) are sub	_		
ricase return an corresp	ondence concerning this matter DANA M. KAUFMAN, E	•	<u>∵.</u> ⇔	
		Name of Person	——————————————————————————————————————	7]
	KAUFMAN & COMPAN	Y, P.A.	TAPL ATTACK	
		Firm/Company		[]
	1001 BRICKELL BAY D	R STE 2650	ZAR JUN III A 8:	
		Address		
	MIAMI, FL 33131		**	
	DKAUFMAN@KAUFMA	City/State and Zip Code NCPAS.COM		
	E-mail address: (to be used for future annual report notif	ication)	
For further information (concerning this matter, please c	all:		
DANA M. KAUFMAN		305 455-0314 at ()		
Name (of Person		Telephone Number	
Enclosed is a check for t	the following 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)	
MAIL	ING ADDRESS:	STREET/COURI	ER 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

DOLCE VITA US 1, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L18000156247</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Highlity Company "the decimation "H C" or	the state of the s
Thinted	i bassing Company. The designation (EEC of	The Committee of the Co
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	S = 1
		>
		6. 6
Enter new mailing address, if applicable:		CON19
(Mailing address MAY BE A POST OFFICE BOX)		7
www.com		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>er</u> <u>s here</u> :	nter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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 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
MGR	CAETANO CALIL	1001 BRICKELL BAY DR	
		SUITE 2650	
			Remove
		MIAMI, FL 33131	Change
			Add
			□ Remove
			Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filitiote: If the date inserted in this block does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis)5.0207 ited as
ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earl	ier of:
ated JUNE 11 2019		

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Typed or printed name of signee

Filing Fee: \$25.00