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Amend

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dolce Vita Enterprises 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:
Cather, sed Barney Name of Person
Doke Vita Enterpriss LCC Firm/Company
2/04 Sakno Road Address
City/State and Zip Code Cosen ZA 5910 Q Live · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (315) 382-0994 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, \Bigcup Certificate of Status & \Bigcup Certificate of Status & \Bigcup Certified Copy (additional copy is enclosed) \Bigcup Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dolei	lita En	ukr n	rises	LLC_		
(Name of the Limited L (A F	iability Compa Torida Limited I	ny as it now a	ppears on or	r records.)		
The Articles of Organization for this Limited Liabil Florida document number		were filed o	n <u>Octi</u>	Dev 16	<u>, ₩</u> and assign	ned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabi	ility compar	ı <u>y bere</u> :			
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company."	the designati	on "LLC" or th	e abbreviation "L.L.C	
Enter new principal offices address, if applicable	: :					
(Principal office address MUST BE A STREET A.	DDRESS)		<u>-</u>			
					·	
Enter new mailing address, if applicable:					15 TO	
(Mailing address MAY BE A POST OFFICE BOX	K)				<u> </u>	
	<u>-7</u>				ä	
					77:	.= ७५
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ddress on o	ur records	, <u>enter the n</u>	ame of the new r	<u>egistered</u>
	_				- -	· ·
Name of New Registered Agent:						
New Registered Office Address:						
		Ente	r Florida stree	et address		
_		City		Florida	- Zin Cada	
New Registered Agent's Signature, if changing Regis	stered Agent:	City			z.p Code	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	ent and agre nd complete ed agent as p stered office	performanc rovided for	e of my du in Chapte.	ties, and I a. r 605, F.S. (m familiar with a Or, if this docume	ind

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
ANBR	Supheric Kinsper	413 ABELL AVE	XAdd
		Syracuse NY 13209	,
	/00 1)		□Change
AMBR	Schrey Kinber JR.	413 ABELL AVI Syracuse NY 13209	\ X\vqq
		Syracuse NY 13209	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
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			□Remove
			□Change

	
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lf an ef Note:	tive date, if other than the date of filing:
e record	rd 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 led.
Dated	atheres A Director of a member of a member of a member
	Catherine of Marie
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member (atherine A. Parnel Typed or printed name of signee