

L20000259747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

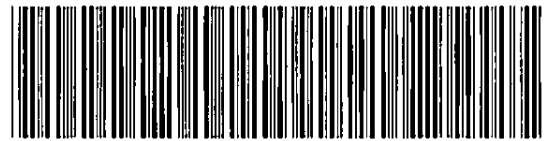
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DOLCE INVESTMENTS 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:

Eliyahu Aloush

Name of Person

DOLCE INVESTMENTS LLC

Firm/Company

8737 Estada Circle

Address

Cooper Circle, FL 33024

City/State and Zip Code

elialoush1777@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eliyahu Aloush

754

214-1546

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

**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

2024 SEP 13 11:10  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DOLCE INVESTMENTS 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 8/21/2020 and assigned  
Florida document number L20000259747.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

620 SW 12th AVE

Pompano Beach, FL 33069

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

8737 ESTADA CIRCLE

COOPER CITY, FL 33024

**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: ELIYAHU ALOUSH

New Registered Office Address: 620 SW 12th Ave

*Enter Florida street address*

Pompano Beach

*City*

Florida 33069

*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. Of 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOLEV V HADIDA	1100 BISCAYNE BLVD #3802	<input type="checkbox"/> Add
		Miami, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIYAU ALOUSH	8737 ESTADA CIRCLE	<input type="checkbox"/> Add
		COOPER CITY 33024	<input type="checkbox"/> Remove
		<i>EL ALOUSH</i>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

The 90th day of the 2014-15 fiscal year is 10/13/2014. Pursuant to the provisions of the 2014-15 fiscal year budget, the 90th day of the 2014-15 fiscal year is 10/13/2014. Pursuant to the provisions of the 2014-15 fiscal year budget, the 90th day of the 2014-15 fiscal year is 10/13/2014.

Dated September 9, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee