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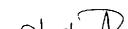
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COVER LETTER

TO:

Tallahassee, FL 32314

	ration Section n of Corporations
SUBJECT: _	Dalce Ville to LLC Name of Limited Liability Company
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.
Please return a	correspondence concerning this matter to the following:
	Liane Maxtrutt Name of Person
	Dosce Villeta LLC.
	7953 NW W37 Terr.
	Miami Lakes FC 33016 City/State and Zip Code Fedmy 70 9 mail: Com
For further inf	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call:
L	Name of Person at 189 877-2928 Area Code Daytime Telephone Number
Enclosed is a c	eck for the following amount:
□ \$2 5.00 Fil	rig Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regi Divi	g Address: tration Section on of Corporations Sox 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee
· P.O.	3ox 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dolce Villeta L-LC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 08 10 12 orida document number 121000349770	and assigned
ais amendment is submitted to amend the following:	•
If amending name, enter the new name of the limited liability company here:	
Doke Villetta LLC	
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
iter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Tailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
maning marcas mill DE AT OST OFFICE BOX	
	
If amending the registered agent and/or registered office address on our records, enter the nan	ne of the new registe
ent and/or the new registered office address here:	S.
Name of New Registered Agent:	·n
New Registered Office Address:	<u>ده</u>
Finter Florida street address	
	<u></u>
, Florida	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>	Name	Address	Type of Action
			
			□Remove
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If an effective on the Mote: If the	ate, if other than the date is fisted, the date date inserted in this effective date on the	must be specific and s block does not r	d cannot be prior meet the applic	able statutory fil	more than 90 oing requirement	(optional) lays after filing ents, this date	.) Pursuant to 60	5.0207 ted as t
record speci d is filed.	ifies a delayed effe	ctive date, but not	t an effective ti	me, at 12:01 a.n	n. on the earli	er of: (b) 11	ne 90th day afto	er the
Dated	Augus	124	, 202	4.				
_		Signature of a	member or author	rized representati	ve of a membe	, 		
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