

L 22000423268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

☐

WAIT



MAIL

(Business Entity Name)

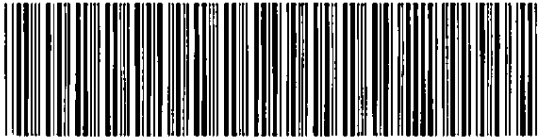
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400420008404

12/11/23--01009--016 ♦♦25.00

1-127142

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LA 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:

MARGINA HUETE

Name of Person

LA DOLCE INVESTMENTS LLC

Firm/Company

13115 3RD ST E 1B

Address

MADEIRA BEACH FL 33708

City/State and Zip Code

titoarguello@me.com

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

For further information concerning this matter, please call:

MARGINA HUETE

Name of Person

at ( 813 )

Area Code

895-7299

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

RECEIVED  
JAN 11 11:12:30  
TALLAHASSEE, FL

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

LA 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 09/30/2022 and assigned  
Florida document number L22000423268.

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:

6421 BAYOU GRANDE BLVD NE

**(Principal office address MUST BE A STREET ADDRESS)**

ST PETERSBURG FL 33702

Enter new mailing address, if applicable:

6421 BAYOU GRANDE BLVD NE

**(Mailing address MAY BE A POST OFFICE BOX)**

ST PETERSBURG FL 33702

**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:

ALPHAPROMED

New Registered Office Address:

5402 PIONEER PARK BLVD SUITE E

Enter Florida street address

TAMPA

City

Florida

33634

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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

2025-01-11 PM 12:31

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated DECEMBER 1, 2023

*[Signature]*

THISAL JAYASURIYA

**Filing Fee: \$25.00**