PN 000096343

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
. (Do	cument Number)	
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S. HAWKES

NOV - 2012

EXAMINER

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: DOLCE ROMA CA INC DOCUMENT NUMBER: P11000096343 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE PEREZ Name of Contact Person JP GLOBAL BUSINESS SOLUTIONS Firm/ Company 7325 NW 36TH STREET Address MIAMI, FL 33178 City/ State and Zip Code JOSE.PEREZ@DANIELAHART.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 436-0093

Area Code & Daytime Telephone Number JOSE PEREZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

DOLCE ROMA CA INC

P11000096343

	es of Amendment to of Incorporation of
DOLCE ROMA CA INC	74 3 C
(Name of Corporation as currently filed with P11000096343	the Florida Dept. of State)
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: A. If amending name, enter the new name of the corporation	es, this Florida Profit Corporation adopts the following amendment
A. Trainchang hame, eiger the new maine of the corporate	<u>viii.</u>
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	9737 NW 41ST STREET
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STE 409
	DORAL, FL 33178
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9737 NW 41ST STREET
	STE 409
	DORAL, FL 33178
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
Signature of New Regi	stered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	, and sen	iy Smith, Or us un Auu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	•		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Adu			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
			
	 		
If an amendment provides for an excl	nange, reclassification	ı, or cancellation of	issued shares.
provisions for implementing the ame	ndment if not contain	<u>ied in the amendme</u>	ent itself:
(if not applicable, indicate N/A)			
		_	
			

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/29/2012
Dated
Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ROMAN BLASI
(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)