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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	DC	LCE ROSA SPA C	ORP	
DOCUMENT NUMBER:		P20000002786		
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following	; :	
	МО	NICA M. GERMAN	N EA	
		Name of Contact	t Person	
	MG (OFFICE SYSTEMS	INC	
		Firm/ Comp	any	
	8637 E	SCONDIDO WAY	EAST	
~ 1111 =		Address		
	В	DCA RATON, FL 3	3433	
		City/ State and Z	ip Code	2
		mgtaxsol@gmail.c	com	
E-ma	il address: (to be u	sed for future annual	l report	notification)
For further information concerni	ng this matter, plea	se call:		
MONICA M GERMAN EA		954 at (_) 554-7424
Name of Contact	Person	A	rea Coo	le & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made	payable to the Florid	da Depa	rtment of State:
-	3.75 Filing Fee & tificate of Status	S43.75 Filing F Certified Copy (Additional copy enclosed)		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend: Division	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

DOLCE ROSA SPA CORP 2021 AUG 23 PM 4: 07 (Name of Corporation as currently filed with the Florida Dept. of State) SEURETHRY OF STATE P20000002786 TALLAHASSES, FI (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

_ Add

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: X Change PT John Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) VP VERONICA MOUCHARFICH 3995 ALLERDALE PL 1) ____ Change Χ COCONUT CREEK, FL 33073 Add Remove 2) ____ Change ____ Add Remove 3) ____ Change ___ Add __ Remove 4) ____ Change ___ Add ___ Remove 5) ____ Change ____ Add __ Remove 6) ____ Change

A	sheets, if necessary).	(Be specific)			
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	N/A
The date of each amendment(s) ad date this document was signed.	option:, if other than
Effective date if applicable:	
in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ador by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
selected,	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)
	ESSET MUCHARRAFICH
-	(Typed or printed name of person signing)
	VP
-	(Title of person signing)