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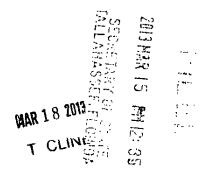
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COVER LETTER

/TO: Registration : Division of C			
•	n JB Believe, LLC		
SUBJECT:	Name of Limit	ted Liability Company	_
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Sarah Landman		
		Name of Person	_
	Dolphin Entertainme	nt	
		Firm/Company	_
	2151 LeJeune Road	, Suite 150	
		Address	_
	Coral Gables, FL 33	134	
	sarahlandman@dolp	City/State and Zip Code phinentertainment.com	201 TALL
	E-mail address; (t	o be used for future annual report notification)	SECTEMAN 12
For further information	concerning this matter, please ca	all:	
Sarah Landman		305 774-0407	Y 65 J.
Name	of Person	Area Code & Daytime Telephone Num	ber RX 2:
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dolphin JB Believe, LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability (Florida document number	12/4/12	and assigned of the second of
This amendment is submitted to amend the following:		1980 1748 15 6
A. If amending name, enter the new name of the lim JB Believe, LLC	nited liability company here:	<u> </u>
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our red dress here:	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
<u></u>		, Florida
	City	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Officer Sarah Landmar	Sarah Landman	2151 LeJeune Road, Suite 150	Add
		Coral Gables, FL 33134	Remove
			201 <u></u> 5E2
			Add Remove
			25 25 25 25 25 25 25 25 25 25 25 25 25 2
			Add
			Remove
			Add
			Remove
			Add
			Add
			Remove

er information, enter change(s) here: (Attach additional sheets, if necessary.)
2013
willen Down
Signature of a member or authorized representative of a member D'Dowd
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MR 15 MH 12: 35