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COVER LETTER

Division of Corpo	rations			
SUBJECT: BLU	/E DOLPH /	PROPERTY ted Liability Company	ADVISORS	1-1- <
		ice and may company		
The enclosed Articles of Art	nendment and fee(s) are subr	mitted for filing.		
Please return all correspond	ence concerning this matter t	to the following:		
	BRYAN	T BOYP		
		Name of Person		
	BLVE	DOLPHIN L	_L C.	
		Firm/Company		
	28 H	Address AVO	<u> </u>	
		Address		
	MADISO	City/State and Zip Code	143	
		City/State and Zip Code		
	BRYANTE	SOYP (A) NKNET, o be used for future annual report not	com	
	E-mail address: (to	o be used for future annual report not	ification)	
For further information con-	cerning this matter, please ca	ll:		C)
PAIL DEPOS	4	at (<u>203</u>) <u>2 f f</u> Area Code Daytin	-6678	£
Name of Pe	erson	Area Code Daytur	ne Telephone Number	-5 /
Enclosed is a check for the f	following amount:			
⅓ \$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 Sta Certified Copy (additional copy is en	tus &
Mailino Address		Street Address:		

TO:

Registration Section

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame 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 C Florida document number #L1190013925	Company were filed onPEC8 *** [8]	2011 and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
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 address here:	d office address on our records, <u>enter the </u>	name of the new registered
Name of New Registered Agent:		> 17
New Registered Office Address:		= 'J
	Enter Florida street address	
	, 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>	<u>Name</u>	Address	Type of Action
MGR	CHRISTINA BOYD RILE	Y 334 NEWTOWN TURNPIKE REPDING, CT 06896	E ∰ Add
		REPDING, CT 06896	□Remove
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Filing Fee: \$25.00