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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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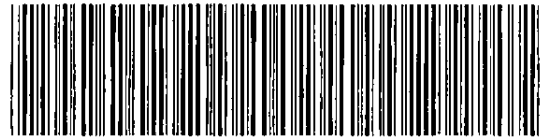
(Business Entity Name)

(Document Number)

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100413162161

08/03/23--01008--006 **25.00

FILED IN 100413162161

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dolphin Center, 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:

Matt Farhadi

Name of Person

Dolphin Center, LLC

Firm/Company

13964 W. Hillsborough Ave.

Address

Tampa FL 33635

City/State and Zip Code

Matt@dolphinllc.com

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

For further information concerning this matter, please call:

Matt Farhadi

813 814-4577
at ()

Name of Person

Area Code

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sharon Golden	13964 W. Hillsborough Ave.	<input type="checkbox"/> Add
		Tampa, Fl 33635	<input checked="" type="checkbox"/> Remove
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Dated July, 31st, 2023

Filing Fee: \$25.00