L03000040879

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





600166274106

02/08/10--01049--008 **25.00



C. LEWIS
FEB 9 2010
EXAMINER

COVER LETTER

TO: Registration *Division of C	
SUBJECT:	Slippery Dolphin, LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Ivan D. Doverspike Name of Person
	Firm/Company
	75 Southfield Rd.
	Address
	Ecorse, MI 48229
	City/State and Zip Code
	idoverspike@ecorse.com
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call;
Ivan Dove	rspike at(<u>313) 383-2100</u>
Nam	e of Person Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount:
X \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Reg Divi	STREET/COURIER ADDRESS: stration Section sion of Corporations Box 6327 - Contract bioscopies thassee, 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

FILED
2010 FEB -8 PM 1: 07
SECRETARY OF STATE

Slippery Dolph	in, LLC	TALLA	HASSEETTE
(Name of the Limited Liz (A Flo	ability Company as it now apported a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on	10/24/2003	and assigned
Florida document number <u>L03000040879</u>	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company !	gere:	
Stately Dolphin, LLC The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Con	npany," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		a our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street ada	
	•		1 833
-	City	, 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Ma MGRM = N	inager Managing Member		
<u> </u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
lf amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	eary.)
	ebruary 4 1, 2	2010	WIFEB-S
ateu <u>r e</u>		nber or authorized representative of a member	SSEE TO
	Ivan D. Doverspik Ty	ped or printed name of signee	FLORIOP STATE STATE

Page 2 of 2

Filing Fee: \$25.00