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SECRETARY OF STATE

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### **COVER LETTER**

SUBJECT: TRIPLE Dolphin Enterprises, 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:  Michael Auchampau, Esq.  (Name of Person)  Lamont + Auchampau, P.A.  (Firm/Company)  P.O. Box 6026
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Michael Auchampau, Esq.  (Name of Person)  Lamont + Auchampau, P.A.  (Firm/Company)  P.O. Box 6026
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Michael Auchampau, Esq.  (Name of Person)  Lamont + Auchampau, P.A.  (Firm/Company)  P.O. Box 6026
R.O. Box 6026
R.O. Box 6026
P.O. Box 6026
(Address)
Clearwater, FL 33758 (City/State and Zip Code)
(City/State and 2.1) Code)
For further information concerning this matter, please call:  Michael Auchampau at 727 772-7344  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

<u>ب</u> , )

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

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TRIPLE DOIPHIN ENTERPRISES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA.

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on MArch, 14, 2006 and assigned document number <u>L0600027104</u> .
SECOND:	This amendment is submitted to amend the following:  The NAME of Triple Dolphin Enterprises, LLC
	has been changed to AbdECONE, LLC.
Dated	une 2 , 2006 .
t .	Mila Can live
	Signature of a member or authorized representative of a member  Michael Aucha Man  Typed or printed name of signee

Filing Fee: \$25.00