

L07 0000 61867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

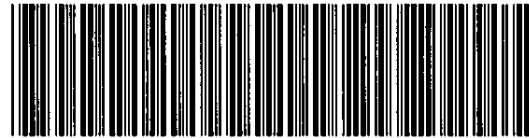
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

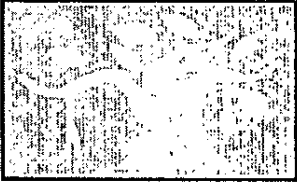
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16 JUL 23 AM 9:50  
FILING OFFICE  
CLERK



**BANYAN  
REALTY  
ADVISORS LLC**

Via Federal Express

July 25, 2014

Florida Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Phone #850-245-6051

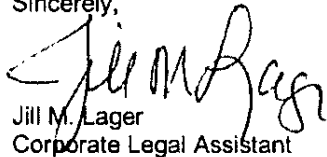
**Re: BULL DOLPHIN PROPERTIES & INVESTMENTS, LLC**

To Whom It May Concern:

Enclosed please find Articles of Amendment to the Articles of Organization of Bull Dolphin Properties & Investments, LLC and a check in the amount of \$25. Please process accordingly. Thank you.

Your courtesy and assistance is greatly appreciated and should you have any questions please feel free to call me at 561-478-9800 x107 or email: [jlager@banyanadvisor.com](mailto:jlager@banyanadvisor.com)

Sincerely,

  
Jill M. Lager  
Corporate Legal Assistant

Enclosure

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BULL DOLPHIN PROPERTIES & INVESTMENTS, LLC**

(Name 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 Company were filed on June 12, 2007 and assigned  
Florida document number L07000061863.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>MGR</u>	<u>Louis E. Vogt</u>	<u>501 N Magnolia Avenue</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32801</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>William M. Murphy</u>	<u>1700 NW 66th Ave., Ste 102</u>	<input checked="" type="checkbox"/> Add
		<u>Plantation, FL 33313</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jonathan Wolf</u>	<u>1105 Kensington Park Dr., Ste 200</u>	<input checked="" type="checkbox"/> Add
		<u>Altamonte Springs, FL 32714</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **July 25**

**2014**

Signature of a member or authorized representative of a member

**Scott Zimmerman, Manager**

Typed or printed name of signee