## L08000094870

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	o #f)
(011	ly/Otale/Zip/Filolii	<del>υ π</del> )
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer	
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Office Use Only



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T. HAMPTON
MAY 24 2010
EXAMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp	ction ' porations		,			
SUBJECT:	GNA D	OLPHIN LLC	•			
Name of Limited Liability Company			···			
	Amendment and fee(s) are sub					
		NIURKA A. SALIVA				
		Name of Person				
		5111 SW 133 AVE				
Address						
		MIAMI, FL 33175				
		City/State and Zip Code	<del></del>			
	E-mail address: (	to be used for future annual report notifical	tion)			
For further information concerning this matter, please call:						
		at () Area Code & Daytime T				
Name of	Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GNA DOL				
( <u>Nar</u>	ne of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	rs on our records.)		
	,				
The Articles of Organization for	or this Limited Liability Company	y were filed on	10/07/2008	and assig	ned
Florida document number	L08000094870				
This amendment is submitted to	to amend the following:				
A. If amending name, enter	the new name of the limited lial	bility company her	re:		
<u> </u>					
	shable and end with the words "Lim	nited Liability Compa	any," the designation "L	LC" or the ab	breviation
"L.L.C."					
Enter new principal offices a	ddress, if applicable:				<del></del>
(Principal office address MUS	ST BE A STREET ADDRESS)				w.
				<u>a</u>	Sold
				MAY	<u> </u>
Enter new mailing address, i	f applicable:			1 2	
(Mailing address MAY BE A	••			-	
Manual Ma				7	- Th
				Ľ.	<u> </u>
B. If amending the registe	ered agent and/or registered o	office address on o	our records, <u>enter th</u>	he name of	the nev
registered agent and/or the n	ew registered office address he	<u>re</u> :			<u>&amp;</u>
Name of New Regist	ered Agent:	<u> </u>	<u></u>		
New Registered Office	ce Address:				
	Enter Florida street address				
			. Florida		
	<del></del>	City		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 or Managing Member being added or removed from our records:

· MGR = Manager MGRM = Managing Member

<u> Title</u>	Name	Address	Type of Action
MGRM	Gregorio Sanchez Martinez	5111 SW 133 Avenue Miami, Florida 33175	Add  Remove
**************************************			Add Remove
The State of Squares o			Add Remove
······································			Add Remove
			Add Remove
		h	<del></del> L_J
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	<u></u> ஆ %ல
مدیده ماهیده			SION SPECIAL PH
Dated	,	A/	PH 2: TIS
	•	r or authorized representative of a member	
		Page 7 hf 2	

Filing Fee: \$25.00