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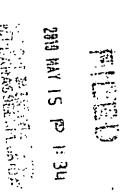
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dolphys Service	5 LLC
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	lowing:
<u>Lisman</u> D	olphy
Na	ne of Person
Dolphy's Serv	ices LLC
	посоправ
3428 foxcroft	rd. Bldg. 8-202
-	Address
Miraman, FL.	33025
lismandcagmo E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please call:	
Lisman Dolphy a	(954) 534-6517 Area Code Daytime Telephone Number
Table W V G.K.	
Enclosed is a check for the following amount:	
Certificate of Status Co	5.00 Filing Fee & S60.00 Filing Fee. crtified Copy difficient copy is enclosed) 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

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Dolphy's Service	t now appears on our records.)
(Name of the Limited Liability Company as	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on Dec. 2, 2011 and assigned
Florida document number <u>L11000136064</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
	<u> </u>
The new name must be distinguishable and contain the words "Limited Liability Co	
Enter new principal offices address, if applicable:	SAME
(Principal office address MUST BE A STREET ADDRESS)	
	_
Enter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
_	
	address on our records enter the name of the nas
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the nev
	N
Name of New Registered Agent: LISMA	V C. Dolphy JR.
New Registered Office Address: 3428 fox	Croft rd. Bldg. 8-202 Enter Florida street address
Miramar	Florida 33025 Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perjaccept the obligations of my position as registered agent as prov	ormance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

	ling Authorized Person(s) authorized to ma red from our records:	nage, enter the title, name, and address of each	person being added
	Manager · Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lisman C. Dolphy JR.	3428 foxcroft-rd. Bldg. 8-202 Miramar, FL. 33	N Add
			Remove
			Change
MGR.	Lisman C. 111 Dolphy	3428 foxcroft rd. Bldg. 8-20 Miramor, Fl.3	<u>₹</u> □ Add
			N Remove
			Change
			Remove
			Change
			□ Add
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Effective date, if of fan effective date is li	sted, the date must be s	specific and cannot b	ne prior to date of filing	or more than 90 days	optional) after filing.) Pursuant to 6	05.020
Note: If the date in document's effective	serted in this block (does not meet the	applicable statutory	filing requirements	, this date will not be li	sted a
document 3 circuit	t date on the Depart	illen of blate 511				
he record specifi The 90th day a	es a delayed eff after the record	fective date, b is filed.	ut not an effecti	ve time, at 12:0)1 a.m. on the ear	lier o
Dated MAY	10	<u> </u>	19 .			
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	Sign	Aiure of a member	or authorized represen	tative of a member		
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Page 3 of 3

Filing Fee: \$25.00