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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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COVER LETTER

Division of Corpo	rations		
SUBJECT:	Dolphin Name of Limit	Auto LLC ed Liability Company	
The analogue Artislac of A	mendment and fee(s) are subn	nitted for filing	
Please return all correspond	lence concerning this matter to	o the following:	
	Ke	nneth Scoffe	1d.
		Name of Person	
	\triangleright	phin Auto LL	C
		Firm/Company	
	6010	5. US HWY /	<i>(</i>
		Address	
		RANT. FL 329	
		City/State and Zip Code	
	do l phi	nauto yahoo con	ration)
For further information co	ncerning this matter, please ca		,
Ken Scofi	eld	at (321) 288.5	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

TO:

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

iability Company as it now appears on our records.) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on 1/10/2017 and assigned Florida document number <u>L 12000084652</u> 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 contain 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MANAGER	J w Scofield		Add		
		Palm Bay FL 32905	Remove		
		Palm Bay FL 32905	Change		
MANAGER	Mary A Scofiela		Add		
		Palm Bay FL 32905	- Remove		
		Palm Bay FL 32905	Change		
			☐ Remove		
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Note: If the date	fother than the date of filing:	6.02 ed (
e record spec The 90th da	cifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlies after the record is filed.	er
Dated	Signature of a member of authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00