

L13000128974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

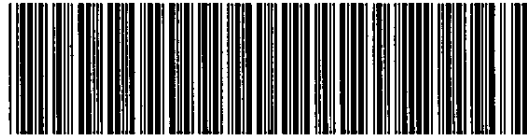
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 APR 14 PM 1:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

APR 16 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dolphin Express 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:

Shyla A. Gibson
(Name of Person)

Dolphin Express LLC
(Firm/Company)

7099 N Atlantic Ave Suite 100
(Address)

Cape Canaveral, Florida 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

Shyla A. Gibson at (321) 480.7186
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

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 TALLAHASSEE FLORIDA
 CLERK OF CIRCUIT COURT

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**

Dolphin Express LLC DBA National Student Forgiveness Program

(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 09/11/2013 and assigned Florida document number L13000128974.

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:

7099 N. Atlantic Ave

(Principal office address MUST BE A STREET ADDRESS)

Suite 100

Cape Canaveral, FL 32920

Enter new mailing address, if applicable:

same as above

(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:

Shyla A. Gibson

New Registered Office Address:

7099 N. Atlantic Ave. Suite 100

(Enter Florida street address)

Cape Canaveral

(City)

Florida 32920

(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)

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2014 APR 4 PM 1:00
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/11/2011 BY 60322/UC/STW

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

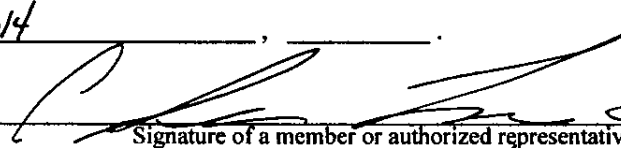
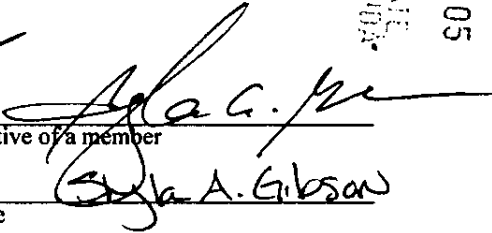
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|--|
| MGR | Charles S. Loveridge | 3062 Sweet Pine Drive Melbourne, FL 32935 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Amending Manager Charles S. Loveridge off Dolphin Express LLC as a Manger and or
Managing Member.

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 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

Dated 3/31/2014


 Signature of a member or authorized representative of a member
C Scott Loveridge
 Typed or printed name of signee

Sylvia A. Gibson