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T. BROWN

COVER LETTER

TO:

Registration Section
Division of Corporations

BURGER & BEER JOINT DOLPHIN, LLC.

SUBJECT:

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:

IAN ILLYCH MARTINEZ, ESQ.

Name of Person

BELLO, MARTINEZ & RAMIREZ PL

Firm/Company

800 DOUGLAS ROAD, SUITE 149

Address

CORAL GABLES FL 33134

City/State and Zip Code

imartinez@bmrlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ

at (300) 442

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)

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**

BURGER & BEER JOINT DOLPHIN, LLC

ARTI	CLES OF A	MENDMENT	
ARTIC	TO CLES OF OI OF	RGANIZATION	cords.) SEP 5 PM 2:25 Cords.) FORIO and assigned
BURGER & BEER JOINT D (Name of the Limited (A		y as it now appears on our reability Company)	cords.) 2:25
The Articles of Organization for this Limited Liab Florida document number <u>L13000155790</u>	oility Company w	vere filed on <u>11/05/201</u>	3 and assigned
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of the FDG DOLPHIN MIAMI, LLC. The new name must be distinguishable and end with the work.			"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	11890 SW 8 Street	Suite 403
(Principal office address MUST BE A STREET	ADDRESS)	Miami FL 33184	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered offi		ords, enter the name of the new
registered agent and/or the new registered office Name of New Registered Agent:		ez & Ramirez, PL	
New Registered Office Address:		Road Suite 149 Enter Florida street ac	Mross
	Coral Gables		, Florida <u>33134</u>
New Registered Agent's Signature, if changing Re		City	Zip Code
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region of this change in the company has been notified in writing of this change.	and complete pered agent as pr gistered office a	erformance of my duties ovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

Page I of 3

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 Title Name <u>Address</u> Type of Action AMBR 11890 SW 8th Street Suite 403 Sunrise Management Partners, LLC. Miami FL 33184 □ Remove Carlos Ekmeiro 11048 NW 72 Terr. MGRM ☐ Add Doral FL 33178 ■ Remove John A. Cerutti 15262 SW 27 Ave. MGRM □ Add Miami FL 33185 **■** Remove 3610 Yacht Club Drive 1513 Daniel F. Benarroch Mgrm Aventura FL 33180 **■** Remove □ Remove □ Add □ Remove

effective date must be specific, cannot be prior to	date of receipt or filed date and cannot be more than 90 days after
ective date, if other than the date of fili effective date must be specific, cannot be prior to date this document is filed by the Florida Department of the prior of the prio	date of receipt or filed date and cannot be more than 90 days after
effective date must be specific, cannot be prior to a late this document is filed by the Florida Department of the Department is filed by the Florida Department in the Department is filed by the Florida Department in the Departm	date of receipt or filed date and cannot be more than 90 days after ent of State)

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Filing Fee: \$25.00