

L14000184810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

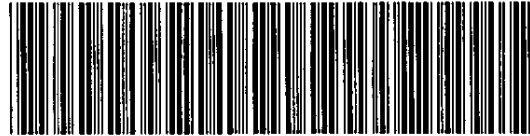
(Business Entity Name)

(Document Number)

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08/04/15--01009--038 **25.00

FILED
2015 AUG -1, PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FL 32310

K. SALLY
EXAMINER
AUG -5 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLPHIN ASSET GROUP LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LLLOYD GREEN

(Contact Person)

DOLPHIN ASSET GROUP LLC

(Firm/Company)

4400 NORTH FEDERAL HIGHWAY SUITE 500
(Address)

BOCA RATON 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

LLLOYD GREEN

(Name of Contact Person)

at (561) 367-3750

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dolphin Asset Group LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 AUG -4 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/2/2014 and assigned
Florida document number L14000184810

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:

Claudia Green

New Registered Office Address:

4400 N. Fed. Hwy., Ste. 300

Enter Florida street address

Boca Raton

City

Florida

33431

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 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.

ⓧ Claudia Green
If Changing Registered Agent, Signature of New Registered Agent

Claudia Green

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>	<u>Address</u>	<u>Type of Action</u>
MGR.	James Kohn	4400 N. Federal Hwy., #300	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR AMBR	Lloyd Green	4400 N. Fed. Hwy., #300	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR AMBR	Claudia Green	4400 N. Fed. Hwy., #300	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 AUG 14 PM 3:04
CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 AUG -4 PM 4:05
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

FILED
2015 AUG -4 PM 4:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated July 24, 2015

⊗

LLOY GREEN

Lloyd Gran Type

James Klohn