

L15000 133341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

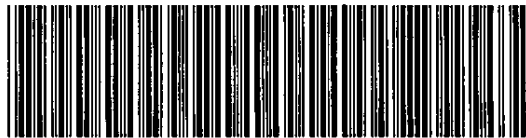
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG 15 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Golphin USA 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:

Joe Moxaissy
Name of Person

WEMO Distribution
Firm/Company

14354 Cypress Island Circle
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

Calum @ golphin.co.uk
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calum McPherson at (+44) (0) 7826 383 131
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

JOE MORRISSEY
14354 CYPRESS ISLAND CIRCLE
PALM BEACH GARDENS, FL 33410

SUBJECT: GOLPHIN U.S.A., LLC
Ref. Number: L15000133341

*Signed Document
Enclosed*

We have received your document for GOLPHIN U.S.A., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Page 3 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00014714

2016 AUG 15 PM 3:37
TALLAHASSEE, FLORIDA

FILED
16 AUG 15 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

GOLPHIN U.S.A., LLC

(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 08/04/2015 and assigned
Florida document number L15000133341.

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)

14354 Cypress Island Circle
Palm Beach Gardens, FL. 33410

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 Office Address: _____

Enter Florida street address

_____, Florida _____
City 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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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	Joseph Morrissey	14354 Cypress Island Circle	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Calum McPherson	Unit 4, Kyle Business Park	<input checked="" type="checkbox"/> Add
		2 Cunninghame Road	<input type="checkbox"/> Remove
		Irvine o Ayrshire o KA12 8JJ	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 15 11:30 AM '93

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 10, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JOSEPH C. WILKINSON
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00

16 AUG 15 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA