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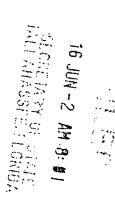
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Ghost Armor Dolphin 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:
TAMMY Bertoncini Name of Person
Ghost Armor Dolphin LLC Firm/Company
803 Chess Place Address
Seffner FL 33584 City/State and Zip Code
Pedniner D AoL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Bertoncini at (813) 389-9787 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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

Ghost Acmor Dolohia LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on $5/34/6$	and assigned
Florida document number L 16000101000.	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability"	y 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)	803 Chess Seffner F	
3. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	• -	nter the name of the ne
Name of New Registered Agent:	•	52 7
New Registered Office Address:	Enter Florida street address	
	. Floric	
	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

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

Title **Type of Action** Name **Address** MARLON J. Bosch 1064 SW 134+h Court 11 Add AMBR MIAMI FL 33184 USARemove ☐ Change TAMMY Bertoncini 803 Chess Place Seffner FL 33584 DRemove ☐ Change AMBR William Bertoncini 109 Lentz RD Brandon FL 33510 - Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

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Filing Fee: \$25.00