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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Corp	porations									
SUBJECT:	DOLPHIN EXI	ECUTIVE GROUP, LLC								
Name of Limited Liability Company										
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.								
Please return all correspon	ndence concerning this matter	to the following:								
	Mr. Federico Boccardo									
		Name of Person								
	DOLPHIN EXECUTIVE	GROUP, LLC								
	_	Firm/Company								
	2115 NW 115th Ave									
		Address								
	Miami, FL 33172									
		City/State and Zip Code								
	jarvelo@numbersontime.co									
	E-mail address: (1	to be used for future annual report notif	ication)							
For further information co	oncerning this matter, please ca	all:								
Mr. Federico Boccardo		305 418-4070 at ()								
Name of	Person	Area Code Daytime	e Telephone Number							
Enclosed is a check for th	e 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Sections
Discrete Spiritions
Climate Spiriting
2664 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLPHIN EXECUTIVE GROUP, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000195058	were filed on October 21, 2016	and assigned
This amendment is submitted to amend the following:	ent number L16000195058 Int is submitted to amend the following: Ing name, enter the new name of the limited liability company here: Inst be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Incipal offices address, if applicable: Incipal offices address MUST BE A STREET ADDRESS) It is not part of the designation "LLC" or the abbreviation "LLC." Incipal offices address, if applicable: Incipal offices address address on our records, enter the name of the new office address here: Incipal offices address address on our records, enter the name of the new office address here:	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2115 NW 115th Ave.	<u> حم</u>
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33172	
	Miami, FL 33172 Miami, FL 33172 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Enter new mailing address, if applicable:	2115 NW 115th Ave	7 P M
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33172	72
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>'e</u> :	iter the name of the nev
		0
·	, Florid City	Zip Code
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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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Mr. Esteban Szalay	2115 NW 115th Ave	Add
		Miami, FL 33172	Remove
			Change
AMBR	All Trade Service, Inc.	9341 E Bay Harbor Dr	Add
		Apt 5C	☐ Remove
		Bay Harbor Islands, FL 33154	Change
			☐ Remove
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Note: If	the date	f other the slisted, the inserted in tive date o	this bloc	k does ne	ot meet	the appli	cable stat	f filing or a	more than	(op 90 days aff ements, th	tional) er filing.) nis date v	Pursuant vill not b	to 605.0 be listed	207 (3) as the
		ifies a d y after t				, but n	ot an e	fective	time, a	t 12:01	a.m. o	on the o	earlier	of:
Dated _	//-	30-	2010	0	-A -	····	·····							
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Typed or printed name of signee

Filing Fee: \$25.00