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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 127 Dolphin Park 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:
Lisa Lanza &q.
Melissa P. Lanza P.A.
104 Crandon Bld Suite 420
Lev Biscarne Ft 33149
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 361-0997 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup Certificate of Status \$\Bigcup Certificate of Status \$\Bigcup Certificate Copy (additional copy is enclosed)\$ \$25.00 Filing Fee & Certificate of Status \$\Bigcup Certificate of Status \$\Bigcup Certificate 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

- VOIDIN	raye LLC
(A Florida Limite	npany as it now appears on our records.) ad Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000129325</u>	ny were filed on $06/13/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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 registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New registered Strike reduces.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	is provided for in Chapter 605 F.S. OF illihis document is:

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Citle Name Address	Type of Action
<u> Name</u> <u>Address</u>	Type of Action
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Filing Fee: \$25.00