Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE DOLPHIN LOGISTICS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

Jay awart # 4180003472213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE I	OOLPHIN LOGISTICS LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our recor a Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 7/5/2018	and assigned
Florida document munber L18000162767	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited ljability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company." the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	6
Enter new mailing address, if applicable:		SS. TO
(Malling address MAY BE A POST OFFICE BOX)		79 5
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		euter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	out addrors
		ida Ziv 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

Page 1 of 3

Jex Coudt # 4180003072213

MGR = Manager

Fax Qualit #4180003472213

If amending the Managers or Authorized Member on our records, enter the fitte, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Type of Action Title <u>Address</u> Name MGRM MORILLA, GEORGINA 555 N PALM ST, CLEWISTON, FL 33440 555 N PALM ST, CLEWISTON, FL 33440 X Add AMBR Armando Montesdeoca Remove

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