L18000168064

(Re	questor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cil	ty/State/Zip/Phone #	f)	
PICK-UP			
(Bu	isiness Entity Name	·)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900330120319

06/03/19--01035--030 **25.00

19 JUN - 3 KM 10+ 26
SECRETARY OF STATE
TALL AND REFER TO FROM 1

JUH 20 2019 TECKROEDER

COVER LETTER

TO:	Registration Se Division of Cor			•		
	Dolphin Me			•		
Name of Limited Liability Company						
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		Patrick Lanza				
			Name of Person			
		Lambert Lanza, CPAs, P./	۸.			
			Firm/Company			
		3700 Creighton Road, Suit	te I			
			Address			
		Pensacola, FL 32504				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		planza@lambertianza.com		 		
		E-mail address: (to be used for future annual report notifi	cation)		
For fi	urther information co	oncerning this matter, please ca	all:			
Patri	ck Lanza		850 484-2900			
	Name o	Person	at () Area Code Daytime	Telephone Number		
Enclo	osed 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:

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

Dolphin Medical, LLC	<u> </u>				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 07/12/2018	and assigned			
Florida document number 1.18000168064					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbreviation "L.1C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	5 SABINE D	RIJK			
	5 SABINE D PLUSACOIX FI.	3266/			
	,				
Enter new mailing address, if applicable:	S/A	22 1			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
		SS			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter-the name of the nev			
	<u>-</u> -				
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is			

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 adde or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Merrill Davidson 5399 Worth Drive MBR □ Add Mobile, AL 36619 **■** Remove

 	
	□ Remove
	Change
	Ghange United States
	SST DRAdd
	Change
	□ Remove
	Change
	Remove
	Change

					.
		-	··-		
				•	
	<u> </u>			<u> </u>	
			-		
					
				F.00	
					19
				11 (17) 14 (17)	₹ - -
				52. 17.0	ω
				Es	। ज
				DRIDA	26
				حد	
Effective date, if other than the date of filing:	or to date of filing	or more than 90	(optional)) Pureuan	t to 605 0
Note: If the date inserted in this block does not meet the appli document's effective date on the Department of State's records	icable statutory	filing requiren	nents, this date	will not	be listed
document's effective date on the Department of State's records	.s.				
he record specifies a delayed effective date, but no	ot an effecti	ive time, at	12:01 a.m.	on the	earlier
The 90th day after the record is filed.					
May 16 2019					
Dated May 16	·				
- All					
Signature of a member or aut					

Page 3 of 3

Filing Fee: \$25.00