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Special Instructions to	Filing Officer:	
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Office Use Only



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LLC NC 06/22/19

COVER LETTER

SUBJECT:			
-	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE ALFONZO		
		Name of Person	
	BGCON GROUP LLC		
	-	Firm/Company	
	8180 NW 36TH ST STE 2	27	
		Address	<u> </u>
	DORAL,FL.33166		
	INFO@BGCONGROUP.C	City/State and Zip Code	
	**	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co		
JOSE ALVAREZ		832 960-0425 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	y appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L19000012656</u>	d on 01-10-2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
DOLPHIN WIRELESS ELECTRONICS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable:	PM -
(Mailing address MAY BE A POST OFFICE BOX)	: 28 : 28
B. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here: Name of New Registered Agent:	ress on our records, enter the name of the n
New Registered Office Address:	
New Registered Office / Idaiosa.	Inter Florida street address
E	
E	, Florida

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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			□ Remove
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		5-01-2019		_	
Effective date, if other than (If an effective date is listed, the date	the date of filing: e must be specific and cann	ot be prior to da	te of filing or more	(optiona than 90 days after filir	1) (g,) Pursuant to 605.92
Note: If the date inserted in th	nis block does not meet t	the applicable	statutory filing re	quirements, this da	e will not be listed a
document's effective date on the	ne Department of State	s records.			
he record specifies a dela	aved effective date	. but not ar	effective time	e, at 12:01 a.m	. on the earlier
The 90th day after the				\	
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Dated			1~ 1/1/	1/2 -	
			Mister. Y		
	Signature of a memb	er or authorized	l rioniscinai se de	n nember	

Page 3 of 3

Filing Fee: \$25.00