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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number: 076402003516 : (239)514-1000 Fax Number : (239)514-0377

: Printer the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cwhittington@gfpac.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN DOLPHIN MARINE II, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GREEN DOLPHIN MARINE II, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/29/2021}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L1" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_

## 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

02:46:30 p.m. 07-09-2021 (((H21000265209 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

2395140386

<u>Title</u>	Name	Address	Type of Action
AR	MICHAEL T. TRAFICANTE	5551 RIDGEWOOD DRIVE	■Add
	<del>-</del>	SUITE 501	□Remove
		NAPLES, FL 34103	
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C. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	st be specific and cannot be prior to date of filing or more lock does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605.0207 (3)(b) requirements, this date will not be listed as the
the record specifies a delayed effecti ecord is filed.	ve date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
Dated	2021	
مسمدم	2 7 3	
	Signature of a member or authorized representative o	f a member
МІСНАБІ Т ТРАБИ	ANTE, AUTHORIZED REPRESENTATIVE	
	Typed or printed name of signee	