

121 000528 006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700380082837

01/24/22--01015--008 **25.00

22 JAN 21 PM 3:16

T. MATTHEWS

IAN 28 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bad Dolphin Limited Liability Company

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:

Jacqueline Quiroga

Name of Person

ZenBusiness INC

Firm/Company

5511 Parkcrest Drive STE 103

Address

Austin, Texas, 78731

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Quiroga c/o ZenBusiness INC

844 493-6249
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 JAN 24 PM 3:16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------------|--|
| AMBR | Austin Riddick | 2350 North University Drive | <input type="checkbox"/> Add |
| | | #848667 | <input type="checkbox"/> Remove |
| | | Pembroke Pines, FL 33084 | <input checked="" type="checkbox"/> Change |
| AMBR | Nathan Lostetter | 2350 North University Drive | <input type="checkbox"/> Add |
| | | #848667 | <input type="checkbox"/> Remove |
| | | Pembroke Pines, FL 33084 | <input checked="" type="checkbox"/> Change |
| AMBR | Brenton Sakell | 2350 North University Drive | <input type="checkbox"/> Add |
| | | #848667 | <input type="checkbox"/> Remove |
| | | Pembroke Pines, FL 33084 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

/s/ Austin Riddick
Signature of a member or authorized representative of a member

Austin Riddick

Typed or printed name of signee

Filing Fee: \$25.00