N21000013972

(Red	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Dox	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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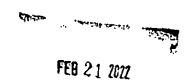


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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 FEB -9 AM 11: 35

SECRETARY OF STATE TABLAHASSEE. FL

January 28, 2022

JOHN DUKES 7355 WAKEFIELD AVE. JACKSONVILLE, FL 32208

SUBJECT: DUKES VILLE DOLPHINS INC.

Ref. Number: N21000013972

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 322A00002310

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Dukes ville Dolphins INC NAME OF CORPORATION:			
DOCUMENT NUMBER:	139,	72	
The enclosed Articles of Amendment and fee are submitted for filing	ng.		
Please return all correspondence concerning this matter to the follo	wing:		
John Dukes			
(Name of Co	ontact Person)		
Dukes Ville Dolphins INC			
(Firm/ C	Company)		
7355 Wakefield AVE			
(Add	iress)		
Jacksonville FL 32208			
(City/ State a	and Zip Code)		
dukesville305@gmail.com			
E-mail address: (to be used for future an	nual report no	tification	1)
For further information concerning this matter, please call:			
John Dukes	813 at		2850997
(Name of Contact Person)	(Area	(Code	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fil Certificate of Status Certified C (Additional cenclosed)	Copy il copy is	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street A Amendn Division The Cer	nent Sect of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

	of Amendment to of Incorporation	2022 FEB -S
Dukes ville Dolphins INC	of	SSEE A
Name of Corporation as currently filed with the Florida De	ept. of State)	્રિક. છ ે
W21000156034 N21-13972		96 80
(Document Numbe	r of Corporation (if known)	34

The new "incorporated" or the abbreviation "Corp." or "Inc." nedfield road C9 jacksonville fl 32211
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nedfield royd CV incksonville fl 32211
nedfield read C9 incksonville (132211
ess in Florida, enter the name of the
(Florida street address)
, Florida
(Zip Code)
ith and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) ### Change Add	<u>P</u>	john dukes	5959 edenfield c9 jacksonville fl 32208
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ling additional A eets. if necessary	rticles, enter change(s) here:). (Be specific)	
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meet the applic State's records.	cable statuto	ory filing red	quirements.	, this date v	vill not be listed
ECK ONE)					
	ore than 90 da meet the applic State's records	ore than 90 days after amo	ore than 90 days after amendment file meet the applicable statutory filing re State's records.	ore than 90 days after amendment file date) meet the applicable statutory filing requirements State's records.	



Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

john dukes

(Typed or printed name of person signing

john dukes 1195.

(Title of person signing)