PD4000151514

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amund, 59

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Dolphin Financial Inc	<u>. </u>
DOCUMENT NUMBER:		P06000151514	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Shay Dollar	- 144
	ľ	Name of Contact Person	
	Dolphin Financial Inc.		
		Firm/ Company	
	630 Azalea Avenue, Suite 204		
Address			
	Merritt Island, FL 32952		
	C	City/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
	Shay Dollar	at (321)2	52-7982
Name	of Contact Person	Area Code & Daytime Tel	lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	le

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

tly filed with the Florida Dep	
	t. of State)
00151514	•· [*] ,
er of Corporation (if known)	
Florida Statutes, this Florida	Profit Corporation adopts the fo
the corporation:	
	The ne
E BOX) gistered office address in Flor	ida, enter the name of the
ered office address:	
Shay Dollar	
330 Azalea Ave, Ste 204	
700 / 124104 / 170, Oto 20-T	
(Florida street address	s)
	s) , Florida <u>32952</u>
	the corporation: le word "corporation," "complesignation "Corp," "Inc," or essional association," or the above the cable: ADDRESS EBOX gistered office address in Florered office address: Shay Dollar

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DPTS	Philip L. Dollar	630 Azalea Ave Ste 204 Merritt Island, FL 32952	
<u>DPTS</u>	Shay Dollar	630 Azalea Ave Ste 204 Merritt Island, FL 32952	☑ Add □ Remove
	 		
(attach ad N/A	dditional sheets, if necessary).	(Be specific)	
provisi		ange, reclassification, or cancellation of Iment if not contained in the amendme	

The date of each amendmen	t(s) adoption: <u>08</u>	3/17/2009
Effective date <u>if applicable</u> :	08/17/2009	(date of adoption is required)
	(no more than 9	00 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	(ECK ONE)
The amendment(s) was/we by the shareholders was/w	•	shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	dment(s) was/were sufficient for approval
by		,,,
•	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators without shareholder action and shareholder
Dated_08/*	17/2009	
Signature _	Shay	Dollar
sel		dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
,		Shay Dollar
1	(Ту	ped or printed name of person signing)
		President
	(Title o	f person signing)