

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: ALONSO & GARCIA, P.A.

Account Number: I20020000031

Phone Fax Number : (305)448-3898 : (305)443-9073

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

Email Address: best 1422 A LOHF-SALEA

COR AMND/RESTATE/CORRECT OR O/D RESIGN DOLPHIN LAND B., CORP.

| Certificate of Status | 0 |
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0/11/2010

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Articles of Amendment to Articles of Incorporation of SECRETARY OF STATE

DOLPHIN LAND B.,CORP.

| rrently filed with | the Florida Dept. | of State) |
|---|--|---|
| 8000080611 | l <u></u> | · |
| umber of Corpora | tion (if known) | , |
| 006, Florida Statu : | ntes, this <i>Florida 1</i> | Profit Corporation adopts the following |
| of the corporation | on: | |
| N/A | | The new |
| he designation "(| Corp." "Inc." or " | Co". A professional corporation |
| oplicable: | N/A | |
| ET ADDRESS) | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| <u>le:</u> FICE BOX) | N/A | |
| | · · · · · · · · · · · · · · · · · · · | |
| registered office gistered office ad | address in Florid dress: | la, enter the name of the |
| N/A | | _ |
| (Flor | ida street address) | |
| | | , Florida |
| (City) | | (Zip Code) |
| ring Desigtance A | | |
| agent. Lam fam: | <u>xente</u> illar with and accer | of the obligations of the position. |
| • | | |
| Signature of New | Registered Agent | if changing |
| | 006, Florida Status of the corporation N/A the word "corressional association "Corressional association "Corressional association "Corressional association" ETADDRESS Ie: FICE BOX (Florida Status) (Florida Status) | N/A the word "corporation," "comp he dasignation "Corp," "Inc," or " rofessional association," or the abb pplicable: PTCE BOX) N/A registered office address in Florid gistered office address: |

| <u>If amendin</u> | e the Officers and/or Directors, ent | er the title and name of each officer | director being |
|-------------------|--------------------------------------|--|----------------|
| | | Officer and/or Director being added | <u>:</u> |
| (Attach aaa. | itional sheets, if necessary) | | |
| <u>Title</u> | Name | Address | Type of Action |
| D | BEATRIZ ORDONEZ | 5805 BLUE LAGOON DR | 🖪 Add |
| | | STE 200 | Remove |
| | MIAMI, FL 33126 | | |
| | | | □ Add |
| | | | |
| | | | |
| | | | □ Add |
| | | | Remove |
| | | | |
| | | | |
| F If now and | ding or adding additional Articles. | enter sharae(s) here: | |
| (attach a | dditional sheets, if necessary). (Be | | |
| N/A | | | |
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| | | | |
| | | | |
| T: Y6 | | t the safe | |
| | | e, reclassification, or cancellation of nt if not contained in the amendmen | |
| | ot applicable, indicate N/A) | M. M. DONESSIZOO IA 100 SILONO | 140211 |
| N/A | | • | |
| 10/0 | | | |
| | | | |
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| | | • | |

| The date of each amendment(s) | adoption; OCTOBER 8, 2010 |
|--|--|
| | (date of adoption is required) CTOBER 8, 2010 |
| (A | o more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were aby the shareholders was/were | idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | sproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval |
| by | * |
| (W | oling group) |
| The amendment(s) was/were a section was not required. | dopted by the board of directors without shareholder action and shareholder |
| The amendmem(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder |
| Dated_OCTO | BER 8, 2010 |
| Signature | Thankle . |
| | lirgotor, possident or other officer - if directors or officers have not been |
| sclecje | d, by approcorporator - if in the hands of a receiver, trustee, or other court |
| appóin | ted fiductary by that fiduciary) |
| * Annual Property of the Prope | CALO CEDO LIDERTELLA |
| - | CALO GERO LIBERTELLA |
| | (Typed or printed name of person signing) |
| · | PRESIDENT |
| , - | (Title of person signing) |