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Amend

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## **COVER LETTER**

D: Amendment Section
Division of Corporations

AME OF COR	PORATION: Dolphin Investmen	t Inc	
OCUMENT NU	D10000061521		
ne enclosed Arti	cles of Amendment and fee are su	bmitted for filing.	
ease return all co	orrespondence concerning this ma	tter to the following:	
	Karim Khoja		
		Name of Contact Persor	
	Dolphin Investment Inc		
		Firm/ Company	
	975 Doral Dr		
		Address	
	Bartlett IL 60103		
		City/ State and Zip Code	2
l/-	okhoja@gmail.com		
_		sed for future annual report	notification)
	· ·	•	
or further inform	ation concerning this matter, pleas	se call:	
arim Khoja		at (	6736251
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
iclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Oolphin Investment Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 19000061521 (Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to s Articles of Incorporation: . If amending name, enter the new name of the corporation: ime must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp..." 'nc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word hartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS ) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

## Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress of each Officer and/or Director being added: Attach additional sheets, if necessary) Yease note the officer/director title by the first letter of the office title: \* = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief xecutive 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. hanges 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 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, fike Jones, V as Remove, and Sally Smith, SV as an Add. xample: X Change PT John Doe X Remove Mike Jones <u>SV</u> Sally Smith  $\leq$  Add vpe of Action Title Name Address Theck One) 975 Doral Dr Karim Khoja Manager Change Bartlett IL 60103 Remove 1497 Hunters Mill PL Manager Anwar Virani Change Oviedo FL 32765 Add Remove \_ Change \_\_ Add \_\_\_ Remove \_\_\_ Change \_\_\_ Add \_\_\_ Remove Change \_\_\_ Add \_\_\_ Remove \_\_\_ Change \_\_\_ Add \_\_ Remove Page 2 of 4 amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)

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Page 3 of 4	nent itself:	
visions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)  Page 3 of 4  e of each amendment(s) adoption:	nent itself:	- - - -
visions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)  Page 3 of 4	nent itself:	er than

ocument's effective date on the Department of State's records. doption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 12/02/2019 Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Karim Khoja

(Typed or printed name of person signing)

ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

(Title of person signing)

Manager