L15000095600

(Requestor's Name) (Address)	700276167657			
(City/State/Zip/Phone #)	08/24/1501	029013 ** 25.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Due to a returned check on a previous amen name of the entity was corrected in the head the LLC. Record updated/corrected 10/12/15 mmilligan		2015 AUG 24 PH 2: 50 BLUNE TARY OF STATE TALLAHASSEE I LORIDA		
Office Use Only				

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COVER LETTER,

Division of Co			
- Sapphire. SUBJECT:	Modical Supply-LLG S	Sapphire Technical Servi	ces LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Michelle Lococo Bushmir	e	
		Name of Person	
	Sapphire Business Enterpr	rises, Inc.	
		Firm/Company	
	4473 Swilcan Bridge Ln N	1	
		Address	
	Jacksonville, FL 32224		
		City/State and Zip Code	
	mbushmire@sapphire-ente	rprises.com to be used for future annual report notifi	ication)
For further information	concerning this matter, please c		
Michelle Lococo Bush	mire	480 694-3452	
Name	of Person	at ()	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sapphire-Medical Supply,-LLC	sappnire Technical S	ervices LLC		
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appear ida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL15000095600	Company were filed on	June 01,2015	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company he	<u>re</u> :		
Sapphire Technologies, LLC				
The new name must be distinguishable and contain the words "L	imited Liability Company," the de	esignation "LLC" or th	ne abbreviation "I	L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADI	ORESS)	·		
Enter new mailing address, if applicable:	<u></u>		2815 AUG	Will ame of
			- <u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			me T	
B. If amending the registered agent and/or reg	istered office address on dress here:	our records, ent	ter the name	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida		
	City		Zip Code	_

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effect ote: If ocumen	rd specifies a delayed enothed begans and specifies a delayed enoth day after the record August 21	d is filed.	2015 	Sushuw ed representative o		2015 AUG SLUKETI TALLAHA	eccui

Filing Fee: \$25.00