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C. LEWIS

JAN 2 9 2013

EXAMINER

COVER LETTER

TO:

Registration Section *
Division of Corporations

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SAPPHIRE WEDDING AND TRAVEL CLUB, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN MONTIQUE

Name of Person

SAPPHIRE WEDDING AND TRAVEL CLUB, LLC

Firm/Company

4581 WESTON ROAD, #181

Address

WESTON, FL 33331

City/State and Zip Code

SAPPHIREWEDDINGANDTRAVEL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN MONTIQUE

954,648-4371

Name of Person

Area Code & Daytime 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

DIVISION OF	LEU RY OF STALE
2013 JAN 28	Pth 2: 00

Sanhire Wedding of Travel (Jub, 2 1/2) 2:00

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A	A Florida Limited	siability Company)	s on our records.
The Articles of Organization for this Limited L	iability Company	were filed on O	CTOBER 26, 2012 and assigned
Florida document number L12000136738		,	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>re</u> :
N/A			
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Compa	nny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	;
		N/A	
		N/A	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)	N/A	
	<u>-</u>	N/A	
B. If amending the registered agent and registered agent and/or the new registered of	ffice address her		our records, <u>enter the name of the new</u>
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A		
		Enter Florida street address	
	N/A		, Florida N/A
		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	•	Address	Type of Action
MGRM	ERNESTYNE BLAIR		8628 SW 208TH TERRAC	EAdd
			CUTLER BAY, FL 3318	9 Remove
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D. If amending any other information, ent	er change(s) here: (Attach additional sheets,	if necessary.) SECRETARY OF S DIVISION OF CORFO	STATE
-		2013 JAN 28 PM	
Dated JANUARY 23	2013		
Den)	a member or authorized representative of a memb	er	
,	Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00