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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** SAPPHIRE AVIATION HOLDINGS, LLC SUBJECT: 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: Nadine Macon Name of Person Index Investment Group Firm/Company 1044 North U.S. Highway One, Suite 101 Address Jupiter, FL 33477 City/State and Zip Code Nadine.Macon@IndexInvest.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nadine Macon Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclose MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SAPPHIRE AVIATION HOLDINGS, LLC

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

The Articles of Organization for this Limited Liability Company we	ere filed on 4/18/2013		and ass	signed
Florida document numberL13000056699				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	'LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:		<del> </del>		<del></del>
(Principal office address MUST BE A STREET ADDRESS)				
-			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
New Registered Office Address:	Enter Florida street a	ddress	 हुक्क्	
	Сиу	, Florida	2:::573.d.	***
New Registered Agent's Signature, if changing Registered Agent:	City		21p3gae	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutie. Swided for in Chapter 6	s, and I am fa 05, F.S. Or, ij	miliar wit f this docu	h a <b>nd !</b> iment is

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	James Foster	1000 North US Hwy One	
		Suite 902	☐ Remove
		Jupiter, FL 33477	☐ Change
MGR	Alan R. Swift	1000 North US Hwy One	
		Suite 902	■ Remove
		Jupiter, FL 33477	Change
			D Add
			☐ Remove
			Change
	<del>_</del>		Add
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<u> Note:</u> If	e date, if other th tive date is listed, the the date inserted in it's effective date o	n this block does	s not me	eet the app	licable stati	filing or mor itory filing	e than 90 day requirement	(optional) s after filing.) s, this date	) Pursuant to will not be	605.0207 listed as
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	August	3/		2018					-0	
Dated	<del> </del>		<del></del> ·		<u> </u>				-IJ	: .
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			a at a m	b.se oe as	thericant ran	resentative o	'n manha		22	_

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Typed or printed name of signee

Filing Fee: \$25.00