## 115000/65256

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Atlantic Sa	pphire IP, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Jose Prado		
		Name of Person	
	Atlantic Sapphire IP, LLC		730 OCT
		Firm/Company	
	31 S.E. 5th Street #214		
		Address	
	Miami, FL 33131		12: #L
	jose@atlanticsapphire.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Jose Prado		305 490-9969	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURII Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlantic Sapphire IP, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	09/29/2015 and assigned
Florida document number L15000165256	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	. 2
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	כי בי
Enter new mailing address, if applicable:	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
	» <del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
N. B. t. 100 A.H.	
New Registered Office Address:  Enter 1	Florida street address
	. Florida
Ciţ	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alejandro Castro	31 SE 5th Street #214 Miami FL 33131	
			Add
		<del> </del>	□ Remove
			Change
MGR	Soltero, Luis R	2560 SW 27th Ave. 408 Miami, FL 33133	
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	ecifies a delayed e day after the recor		out not an effec	tive time, at 12	01 a.m.	on the e	earlier o
ated							
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Typed or printed name of signee

Filing Fee: \$25.00