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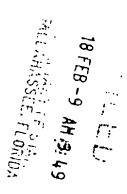
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COVER LETTER

Division of Co	rporations			
Sapphire I	LC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
		_		
	-	•		
	Fred Bertron			
		fee(s) are submitted for filing. Ing this matter to the following: Name of Person S.LLC Firm/Company II Ave. Ste 158 Address Address 3629 City/State and Zip Code com -mail address: (to be used for future annual report notification) atter, please call: at (952 956-2226 / Area Code) Daytime Telephone Number unt: ing Fee & \$\square\$\$\$\$\$55.00 Filing Fee & \$\square\$		
	Vitis Finance LLC			
		Firm/Company	Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy	
	225 S Macdill Ave, Ste 15	Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: Fred Bertron Name of Person Vitis Finance LLC Firm/Company 225 S Macdill Ave. Ste 158 Address Tampa. FL 33629 City/State and Zip Code bertron@me.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (952 at (Area Code) Daytime Telephone Number following amount: \$\Begin{array} \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy		
		Address		
	Tampa, FL 33629			
		d fee(s) are submitted for filing. ing this matter to the following: Name of Person ce LLC Firm/Company fill Ave, Ste 158 Address 33629 City/State and Zip Code .com E-mail address: (to be used for future annual report notification) natter, please call: at (952) 956-2226 at () Daytime Telephone Number ount: ling Fee & S55.00 Filing Fee & S60.00 Filing Fee and S60.00 Filing Fee & S60.00 Filing Fee & Certificate of Certificate Copy (Certificate C		
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	E-mail address: (to be used for future annual report notifi	reation)	
For further information	concerning this matter, please c	all:		
Fred Bertron				
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

Registration Section

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 LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)	-
The Articles of Organization for this Limited I	Liability Company	were filed on August 8	. 2017 and	assigned
Florida document number L17000169134	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
Vitis Finance LLC				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designat	ion "L1.C" or the abbreviation	"LLC."
Enter new principal offices address, if applicable:		3225 S Macdill Ave		
(Principal office address MUST BE A STRE	ET ADDRESS)	Ste 158	<u> </u>	
		Tampa, FL 33629		
Enter new mailing address, if applicable:		3225 S Macdill Ave		
(Mailing address MAY BE A POST OFFICE	E BOX)	Ste 158	2 ·	
		Tampa, FL 33629		25
B. If amending the registered agent and			records, enter the nar	to l he of the ne
registered agent and/or the new registered o	office address her	<u>e</u> :		Z / 17:
Name of New Registered Agent:	Fred Bertron		S 1200	1
New Registered Office Address:	3225 S Macdill	Ave, Ste 158	,, ~	
1. registered office requests.		Enter Florida stre	vet address	
	Tampa		Florida	
		City	Zip Co	ede ^e

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Remove
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Typed or printed name of signee

Filing Fee: \$25.00