

5/9/22, 11:31 AM

Division of Corporations

(((H220001661283)))

418000051724

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BYTES SERVICES LLC
Account Number : 120210000149
Phone : (786)600-8004
Fax Number : (305)602-9816

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: delvistcm@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAPPHIRE MENTAL HEALTH CENTER LLC**

Certificate of Status	0
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H22000166128 3)))

SAPPHIRE MENTAL HEALTH CENTER 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 were filed on 02/28/2018 and assigned
Florida document number L18000051724.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10250 SW 56th Street Suite C202

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33165

Enter new mailing address, if applicable:

10250 SW 56th Street Suite C202

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33165

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10250 SW 56th Street Suite C202

Enter Florida street address

Miami

Florida

City

33165

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. 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

(((H22000166128 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	DEL PINO, ANA	10250 SW 56th Street Suite C202	<input type="checkbox"/> Add
		Miami Florida 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEON, DELVIS	10250 SW 56th Street Suite C202	<input type="checkbox"/> Add
		Miami Florida 33165	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 05-09-2022 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05-09 2022

Signature of a member or authorized representative of a member

DELVIS LEON

Typed or printed name of signer

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