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2018 SEP 10 PH 2: 51

COVER LETTER

TO: Registration Se Division of Cor					
T & L AUT	O LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	HAO LI				
	SAPPHIRE WEALTH M	Name of Person ANAGEMENT LLC			
	Name of Person SAPPHIRE WEALTH MANAGEMENT LLC Firm/Company 15315 NW 60TH AVE STE G Address MIAMI LAKES, FL 33014 City/State and Zip Code LEA1619@GMAIL.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:		-		
	MIAMI LAKES, FL 3301			2016 :	-
	_			SEP 10	
For further information c			ation)	P# 2:	
HAO LI		· · · · · · · · · · · · · · · · · · ·			
Name o	f Person		Telephone Number	 	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

T & L AUTO LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000206445	were filed on 08/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		SSS TO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	···	75 CH
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the i
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agra	ee to act in this capacity. I furth	er agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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
AMBR	TANG, CHUNGUANG	15315 NW 60TH AVE, STE G	
		MIAMI LAKES, FL 33014	
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ffective date, if other than the dat an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depar	does not meet the a	applicable stat	f filing or more outory filing re	(opti han 90 days after quirements, this	filing.) Pursuan	it to 605.0 be listed
e record specifies a delayed ef The 90th day after the record		ut not an ef	fective time	e, at 12:01 a	a.m. on the	earliei
SEPTEMBER 7TH	2018	·				
		10				
Sign	nature of a member o	or authorized re-	resentative of a	member		

Page 3 of 3

Filing Fee: \$25.00