

L18000 252 264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

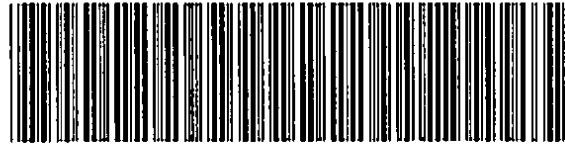
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC -9 AM 8:16

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CLIS
Amend
License chg

JAN 13 2020

I ALBRITTON

Sapphire Realty & Investment Group

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Khalilah Chatman

561 406-8418

at (_____)

Name of Person

Area Code

Daytime Telephone Number

☐ \$25.00 Filing Fee

**■ \$30.00 Filing Fee &
Certificate of Status**

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Certificate of Status &
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(additional copy is enclosed)

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Sapphire Realty & Investment Group, LLC

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

10/26/2018

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000252264

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The PocketBook Consultants, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1819 SW Newport Isles Boulevard

Port St. Lucie, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1819 SW Newport Isles Boulevard

Port St. Lucie, FL 34953

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

Zip Code

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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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gwynetta Henderson-Smith	524 Holly Drive, Unit 2	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maverick Searcy	4050 New Broad Circle	<input type="checkbox"/> Add
		Oviedo, FL 32865	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated December 1, 2019

Khalilah Chatman
Typed or printed name of signee