19000005839

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C. GOLDEN JAN 2 3 2019

COVER LETTER

	Registration Sec Division of Corp		r _{es} s.					
SUBJEC		REALTY LLC	•					
SOINEC	•	Name of Limited Liability Company						
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please ret	urn all correspor	ndence concerning this matter	to the following:					
		SHARON COLLADO						
			Name of Person					
		SAPPHIRE REALTY LLC	0					
			Firm/Company					
		10415 MOSS PARK RD. SUITE C						
			Address					
		ORLANDO, FL 32832						
			City/State and Zip Code					
		E-mail address: (to be used for future annual report notif	ication)				
For furthe	er information co	ncerning this matter, please ca	all:					
SHARO	N COLLADO		407 655-8502 at ()					
	Name of	Person	Area Code Daytime	: Telephone Number				
Enclosed	is a check for the	e following amount:						
\$25.0	0 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)				

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

FILED 2019 JAN 16 PM 1:50

SAPPHIRE REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.) 1771 - ALL SSEE, FL.
(A Florida Limited Liability Company)

Florida document number L19000005839		RY 3RD, 2019	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 Liabi	lity Company," the designa	tion "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
	N/A		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, ener o	ie name of the nev
Name of New Registered Agent:		·	
			
Name of New Registered Agent: New Registered Office Address:	Enter Florida sp	eet address	
		vet address , Florida	Zip Code
	City		Zip Code

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEREMY GOMEZ	10415 MOSS PARK RD	-
		ORLANDO, FL 32832	
		ORLANDO, PL 32832	□ Remove
			☐ Change
			
			Remove
			☐ Change
		- 	
			Change
			□ Add
			☐ Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			☐ Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
	LAME ADV 2DD 2010
Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated JA	NUARY 14
Dated	- Mini (Mado)
	Signature of a member or authorized representative of a member
	SHARON COLLADO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00