

L19000043522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

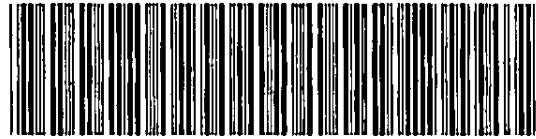
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000328263640

04/26/19--01001--004 **25.00

FILED
2019 MAY 23 AM 9:29

Amend/Name
ch8

MAY 30 2019
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sapphire Mediation Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chelsea Wiles

Name of Person

Firm/Company

801 N Magnolia Ave STE 101

Address

Orlando, FL 32803

City/State and Zip Code

info@sapphiresc.com

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

For further information concerning this matter, please call:

Chelsea

wiles

407

362-7859

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

already paid

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

RECEIVED
MAY 28 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2019

CHELSEA WILES 2nd mailing
5527 BAY BROOK AVE
ORLANDO, FL 32819

SUBJECT: BLUE STONE FINANCIAL RECOVERY LLC
Ref. Number: L19000043522

We have received your document for BLUE STONE FINANCIAL RECOVERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign and print the name of the signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00009247



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2019

CHELSEA WILES
801 N. MAGNOLIA AVE
STE. 101
ORLANDO, FL 32803

SUBJECT: BLUE STONE FINANCIAL RECOVERY LLC
Ref. Number: L19000043522

We have received your document for BLUE STONE FINANCIAL RECOVERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00009247

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

BLUE STONE FINANCIAL RECOVERY LLC

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

FILED
2019 MAR 28 AM 9:29
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/12/2019 and assigned
Florida document number L19000043522.

This amendment is submitted to amend the following:

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

Sapphire Mediation Group 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)

801 N Magnolia Ave

Suite 101

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 N Magnolia Ave

Suite 101

Orlando, FL 32803

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:

Chelsea Wiles

New Registered Office Address:

801 N Magnolia Ave STE 101

Enter Florida street address

Orlando

City

Florida 32803

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. 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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Chelsea Wiles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		801 N Magnolia Ave STE 101 Orlando, FL 32803	<input checked="" type="checkbox"/> Change
MGR	Jeremiah Smith		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		801 N Magnolia Ave STE 101 Orlando, FL 32803	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Signature of a member or authorized representative

Typed or printed name of signee