Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)389-0502

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

Email	Address:			

AMND/RESTATE/CORRECT OR M/MG RESIGN SAPPHIRE CONNECTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

K. SALY DEC 17 2024 Registration Section

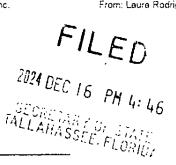
TO:

COVER LETTER

Divis	ion of Co	porations		
;	SAPPHIRI	E CONNECTIONS LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		sapphireconnectionsllc@gn		**************************************
			to be used for future annual report not	ancentary
For further infe	ormation c	oncerning this matter, please co	all:	
Cheyenne Mo	seley		800 773-0888 at ()	
	Nаme о	f Person	Area Code Daytin	ne Telephone Number
	•			
Enclosed is a c	heck for th	ne following amount:		
□ \$25.00 Fib	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COUR Registration Section Division of Corpor Clifton Building	on	
		issee, FL 32314	2661 Executive C Tallahassee, FL 3	

Page 4 of 6 To

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAPPHIRE CONNECTIONS LLC		SEE.FLOK
(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 <u>L19000089224</u> .	were filed on 04/01/2019	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 Liabil	ity Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	<u> </u>	
	, Florid	8 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.

City

If Changing Registered Agent, Signature of New Registered Agent

To:

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

Title	<u>Name</u>	Address	Type of Action
AMBR	TRAINOR, ROBYN	2636 Wood St.	O Add
		Sarasota, FL 34237	■ Remove
			Change
AMBR	Robyn Allen	2183 Gold Oak Lane	
		Sarasota, FL 34232	□ Remove
			Change
			□ Add ,
			Cohange of PH 4:16
			□ Refuove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

From: Laura Rodriguez

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
_	
_	
_	
_	Section 16 Parties to 16 Parti
_	
_	
_	
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_	
li'an effe <u>Note:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	SEPTEMBER SO, 2024.
	Rolly J CULL Signature of a member or authorized representative of a member
	Robyn Allen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00