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2021 SCP 27 PM 2: 16

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COVER LETTER

TO: **Registration Section Division of Corporations** SAPHIRUS GROUP LLC SUBJECT: 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: PAOLA J DIAZ Name of Person TRAMITES DE INMIGRACION USA CORP Firm/Company 18565 SW 104TH AVE Address MIAMI FL 33157 City/State and Zip Code tramitesusacorp@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAOLA J DIAZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed). (additional copy is enclosed)

Mailing Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAPIRUS GROUP LLC

SIMINOS CIROOT LLC			
(Name of the Limi	(A Florida Limited l	ny as it now appears on our records. Jability Company)	.)
the Articles of Organization for this Limited Laborida document number $\frac{1.20000027511}{1.00000027511}$		were filed on 01/21/2020	and assigned
nis amendment is submitted to amend the fol-	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
/A			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	
<u> Iailing address MAY BE A POST OFFICE</u>	BOX)		
IC C C Alexander Alexander Alexander			h
. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>enter t</u>	· ·
Name of New Registered Agent:	HILSACA FUI	NES LARISSA E	2021 SEP
New Registered Office Address:	18565 SW 104	TH AVE	[2]
new registered office radices.		Enter Florida street address	

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

MIAMI

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>	Address	Type of Action
MGR	LARISSA E HILSACA FUNES	18565 SW 104TH AVE MIAMI FL 33157	■Add
			□Remove
			🗀 Change
MGR	CARLOE E CURIEL	REMOVE	□Add
			■Remove
			□Change
			🗆 Add
			Remove 202
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Effective date, if other than the date of filing: [Optional] [Op	N/A					
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