## N2000000 27511

(Requestor's Name)
(Address)
(Address)
(nuoress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cremoso Zime, Namo,
(Document Number)
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T. MATTHEWS

DEC - 7 2021

## **COVER LETTER**

TO: Registration Se Division of Cor			
SAPHIRU:	S GROUP LLC		
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Artisles of	Amendment and fee(s) are sul		
		<u>-</u>	
r lease return an correspo	endence concerning this matter	to the following:	
		PAOLA J DIAZ	
		Name of Person	<del></del>
	TRAM	IITES DE INMIGRACION USA	CORP
		Firm/Company	
		18565 SW 104TH AVE	
	<u></u>	Address	
		MIAMI FL 33157	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
PAOLA	A J DIAZ	786 3585511	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for th	e 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SAPHIRUS GROUP ELC	21 HG 24 11	0 -
(Name of the Limited	I Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Lia	bility Company were filed on	01/21/2020	and assigned
lorida document number L20000027511	<u> </u>		
his amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the wor	rds "Limited Liability Company," the di	esignation "LLC" or the a	bbreviation "L.E.C."
Enter new principal offices address, if applical	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
•			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	OX)		
3. If amending the registered agent and/or reg		ecords, enter the nar	ne of the new regis
gent and/or the new registered office address	nere:		
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			<del></del>
	Enter Flori	ida street address	
		Florida	
	City		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address 21 KS! 22 F! 3: 29	Type of Action
AMBR	HILSACA FUNES, LARISSA E	18565 SW 104TH AVE MIAMI, FL 33157	<b>≡</b> ∧dd
			□Remove
			□Add
			□Remove
			🗎 Change
MGR	HILSACA FUNES, LARISSA E	18565 SW 104TH AVE MIAMI, FL 33157	
			□Remove
			□Change
<del></del>			□Add
			□Remove
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			□Change
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			□Remove
			□Chanas

We are removing	MGR from HILSACA FUNES, LARISSA E To	21 KOT 22 P.J. 3: 2	29
add as AMBR to	HILSACA FUNES, LARISSA E		
	· · · · · · · · · · · · · · · · · · ·		
			<del></del> -
	<del>-</del>		
<del></del>	<del></del>		
			<del></del>
		<u>.</u>	
n effective date is listed, ote: If the date inserte	than the date of filing:  the date must be specific and cannot be prior to date of filing of the date must be specific and cannot be prior to date of filing of the this block does not meet the applicable statutory file on the Department of State's records.	(optional) r more than 90 days after filing.) Pursu ling requirements, this date will no	ant to 605,0207 of be listed as
ecord specifies a delay is filed.	ved effective date, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90th	day after the
ted	··		
	1' . 7/2/2		
	Signature of a member or authorized representat		