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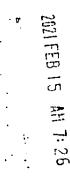
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(Duringer Fath, Marry)				
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## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Cor	porations			
SUBJECT:	Sapphire M	ountian Accounting, LLC		* ***	
		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Hollie Rayfield			
			Name of Person	<del></del>	
		Sapphire Mountain Accou	nting, LLC		
		Firm/Company			
		7058 Bayfront Road			
			Address		
		Cocoa, FL 32927			
			City/State and Zip Code		
		sapphiremountainacet@gm			
Dan Garahan te	C ^:		to be used for future annual report r	ootification)	
ror turtner ii	ntormation c	oncerning this matter, please c	ан:		
Hollie Rayfi	ield 		321 863-9980 at ()		
	Name o	f Person	Area Code Day	time Telephone Number	
Inclosed is a	a check for th	ne following amount:			
■ \$25.00 E	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			Street Address Registration		
Division of Corporations			Division of C	· ·	
P.O. Box 6327 Tallahassee, FL 32314				f Tallahassee iroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sapphire Mountian Accounting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 21, 2021 \_\_\_ and assigned Florida document number 1.21000044592 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sapphire Mountain Accounting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address

## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and coept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Cirv

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 = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address 2021 FEB 15 AF 7: 26	Type of Action	
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			Remove	
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	2021 FEB 15 AM 7: 26
	: 7.26
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ffective date, if other than the date of filing:	(optional)
	to date of filing or more than 90 days after filing.) Pursuant to 605.0207
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ocument's effective date on the localithicity of State's records.	
record specifies a delayed effective date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	•
February 10 / 2021	
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My Witton Live	
Signature of a member or author	orized representative of a member
Hollie Rayfield	
	ed name of signer

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