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COVER LETTER

TO:	Registratio Division of	on Section Corporations		
CHD IEZ	*****	HIRE EQUITY LLC		
SUBJEC	-l:	Name of L	Limited Liability Company	_ _
The encl	osed Article	es of Amendment and fee(s) are s	submitted for filing.	
		respondence concerning this matt		
		LEVIGORMAN		
		- · · · ·	Name of Person	
		SAPPHIRE EQUITY L	LC	
			Firm/Company	
		9101 SILVER GLEN W	√AY	
			Address	
		LAKE WORTH, FL 334	467	
		-	City/State and Zip Code	
		danev@medeia.com		
			s: (to be used for future annual report notification)	
For furth	ier informati	ion concerning this matter, please	e call:	
LEVI G	ORMAN		347 990-5878 at ()	
	Na	me of Person	Area Code Daytime Telephone N	vumber
Enclosed	l is a check t	for the following amount:		
€ \$25.	00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce).00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Ad Registrati	<u>ldress:</u> on Section	Street Address: Registration Section	
Division of Corporations			Division of Corporations	
	P.O. Box	6327 ee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, St	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAPPHIRE EQUITY LLC

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(Name of the Limited Liability Company as it now appears on olir (dords.) 2 PH 2: 06 The Articles of Organization for this Limited Liability Company were filed on May 15, 2023-15... STATED assigned Florida document number <u>L23000239303</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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

___. Florida ___

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
AMBR	AVRAHAM ZEV GORMAN	49 SULTANA AVE	■Add
		TORONTO ONTARIO. M6a 1t2.	□Remove
			Change
			□Add
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Iffective date, if other that an effective date is listed, the da Note: If the date inserted in the document's effective date on	te must be specifi his block does r	e and cannot be prion not meet the appli	r to date of filing or n cable statutory filir	iore than 90 days after	filing.) Pursuant to 605.	.0207 : ed as t
record specifies a delayed ef d is filed.	fective date, but	t not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
		2024				
NOVEMBER 19th		2024	·			
NOVEMBER 19th		· 2024	<u> </u>			
NOVEMBER 19th		 -{{}	norized representative	e of a member		

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