

L17000252029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

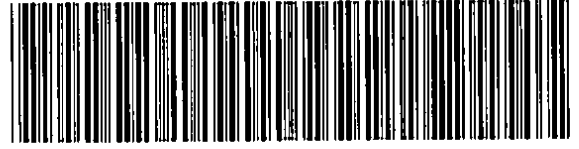
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 0817

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDIGO AT PALMETTO BAY, LLC
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:

Mercedes M. Sellek, Esq.

Name of Person

Mercedes M. Sellek, PA

Firm/Company

2520 SW 99 Court

Address

Miami, FL 33165

City/State and Zip Code

msellek@selleklaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes M. Sellek, Esq

Name of Person

at (786) 591-7310

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

INDIGO AT PALMETTO BAY, 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 12/08/2017 and assigned Florida document number L17000252029.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2199 PONCE DE LEON BLVD

SUITE 500

CORAL GABLES, FLORIDA 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2199 PONCE DE LEON BLVD

SUITE 500

CORAL GABLES, FLORIDA 33134

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:

AQUARIUS CAPITAL, LLC

New Registered Office Address:

2199 PONCE DE LEON BLVD, SUITE 500

Enter Florida street address

CORAL GABLES

City

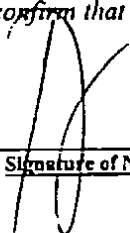
Florida 33134

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 Changing Registered Agent, Signature of New Registered Agent



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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>	<u>Address</u>	<u>Type of Action</u>
MGR	HECTOR CASTELLON	10281 SW 72nd STREET, SUITE 106	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS G. FERNANDEZ	10281 SW 72nd STREET, SUITE 106	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PABLO CEJAS	2199 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[Handwritten signature]

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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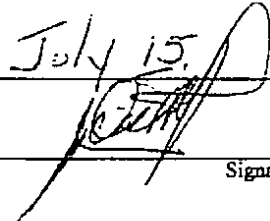
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 15, 2021



Signature of a member or authorized representative of a member

HECTOR CASTELLON

Typed or printed name of signee

Filing Fee: \$25.00

