

(F	Requestor's Name)	
	Address)	
	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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2024 JUN 28 PH 2: 23

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

Indigo Developers 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: Julisse Jimenez, Esquire Name of Person Julisse Jimenez PA Firm/Company 20900 NE 30th Ave, Suite 800 Address Aventura, Florida 33180 City/State and Zip Code julisse@julissejimenez.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julisse Jimenez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	Developers LL0		
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liab	oility Company	were filed on 03/21/2005	and assigned
lorida document number L05000027871			
This amendment is submitted to amend the follow	ring:		
a. If amending name, enter the new name of the	he limited liab	ility company here:	
ndigo Developers 2 LLC			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "L	- : (
Enter new principal offices address, if applicable:		40 Calabria Ave #16	77. J
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134	
			ထိ
			P
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg gent and/or the new registered office address	<u>here</u> :		er the name of the new regist
Name of New Registered Agent:	Julisse Jimenez PA		
New Registered Office Address:	20900 NE 30th		
		Enter Florida street add	ress
	Aventura		Florida 33180
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
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		□Remove	
			Change
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			□Remove
			□Change

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<u> </u>		
$oxed{u}$ If the date inserted in this b	ust be specific and cannot be prior to date of filing or more than 90 days after filiplock does not meet the applicable statutory filing requirements, this date of State's records.	il) ng.) Pursuant to 605.020 ate will not be listed a
ecord specifies a delaye se 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m cord is filed.	i, on the earlier
June 28	2024	
	To min TI	
	Vales (3.5 - 778 (Jun 28, 7024 14:07 EDT)	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00