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2009 MAR 27 AM IO: 59
SECRETARY OF STATE
ORIGINAL SECRETARY OF STATE

T. CLINE

MAR 30 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	ndigo Inversional (Name of Limit	STIMO ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Tlean	a Ramos (Name of Person)			
	6719 Nu	(Firm/Company) (314 Way			
	parhland	(Address) (City/State and Zip Code)		~; r.3	
				2809 F	men gring
Tleana	oncerning this matter, please co	all:at (954) (80 - V (Area Code & Daytime To	1163	MAR 27 A	armeter
Enclosed is a check for the		(Final Code & Daytime 1	organia rambor	AM IO: 59 OF STATE E. FILORIDA	13. ₁₄
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filis Certificat Certified	e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indigo Investin	1G LLC				
(Name of the Limited Liabilit (A Florida	y Company as it now appears o Limited Liability Company)	n our records.)			
The Articles of Organization for this Limited Liability of Florida document number LO3000080099	Company were filed on8	22 08 and a	ssigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,	" the designation "LLC" or th	e abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	RESS)				
		<u> </u>	E T		
		. (T. v. T)	No.		
Enter new mailing address, if applicable:		SES			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	77			
		93	<u>.</u>		
		Smi S.	99		
B. If amending the registered agent and/or regis		records, enter the name	of the new		
registered agent and/or the new registered office ad	uress nere:				
Name of New Registered Agent:					
New Registered Office Address:					
	(Enter	(Enter Florida street address)			
		, Florida			
	(City)	(Zip C	'ode)		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Title **Type of Action** ☐ Add Remove **₼** Add Remove r Add ⊓ Remove Remove A_dd Remove 59 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee