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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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JUN 05 2017

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Indian Plaza, 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:

Robert A. Burson

\_\_\_\_\_  
Name of Person

Robert A. Burson, P.A.

\_\_\_\_\_  
Firm/Company

PO Box 1620

\_\_\_\_\_  
Address

Stuart, FL 34995

\_\_\_\_\_  
City/State and Zip Code

floridaexotic@hughes.net

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

For further information concerning this matter, please call:

Bob Burson

772 286-1616  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Indian Plaza, 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 September 1, 2010 and assigned  
Florida document number L10000091978

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:

4156 SW Moore Street

**(Principal office address MUST BE A STREET ADDRESS)**

Palm City, Florida 34990

Enter new mailing address, if applicable:

PO Box 1186

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm City, Florida 34991

**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:

Lehr Filipe

New Registered Office Address:

4156 SW Moore Street

*Enter Florida street address*

Palm City

, Florida 34990

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Philip Frey, Jr. Tee of Frey Living	5005 SE Williams Way	<input type="checkbox"/> Add
		Stuart, FL 34997	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Paul D. Filipe	PO Box 1186	<input type="checkbox"/> Add
		Palm City, Florida 34990	<input type="checkbox"/> Remove
			<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

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