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SELVETARY OF STATE OF ALLIAMASSEE FINANCE OF STATE OF STA

D. BRUCE
JUN 1 5 2012

EXAMINER

COVER LETTER

Di	egistration S yision of Co				
SUBJECT:		INDIGO	BOULDER LLC		
30232011		Name of Limi	ted Liability Company		
The enclose	ed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all corresp	ondence concerning this matter	to the following:		
LINDA CRISP					
			Name of Person		
CONSOLIDATED-TOMOKA LAND CO.					
		•	Firm/Company		
P O BOX 10809					
Address					
	DAVIONA BEACH EL 22120 0000				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	DAYTONA BEACH FL 32120-0809 City/State and Zip Code				AH SE
			LCrisp@ctlc.com to be used for future annual report notifica		SS
For further	information	E-mail address: (concerning this matter, please of		tion)	F. F. ST. B
	1.1	INDA CRISP	at (386) 94	14-5632	V OS
		of Person	at (300) S-		736
Enclosed is	a check for	the following amount:			
\$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NDIGO BOL					
(Name of the Limited (A	A Florida Limited L	ny as it now appear Liability Company)	r <u>s on our records.</u>)			
The Articles of Organization for this Limited L	were filed on	03/28/2012	and assign	ned		
Florida document numberL1200004	2683					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>·e</u> :			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	any," the designation "I	LLC" or the abb	reviation	
Enter new principal offices address, if applicable:		1530 Corners	stone Blvd., Suite	100 💆 💆		
(Principal office address MUST BE A STREE	ET ADDRESS)	Daytona Bea	ch FL 32117	UN I 4		
Enter new mailing address, if applicable:		P O Box 108	09	OF SIL	图	
(Mailing address MAY BE A POST OFFICE	Daytona Bea	ch FL 32120-080	9 ST			
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>e</u> :	our records, <u>enter</u>	the name of t	the new	
Name of New Registered Agent:	LINDA CRISP					
New Registered Office Address:	1530 Corne	rstone Blvd., S				
		En	ter Florida street ada	lress		
		ytona Beach	, Florida	32117		
		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 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 Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> <u>Address</u> **Type of Action MGRM** National Safe Harbor Excha 60 E. Rio Salado Parkway, Ste 1103 ☐ Add Tempe AZ 85281 Indigo Development LLC MGRM 1530 Cornerstone Blvd., Suite 100 ✓ Add Daytona Beach FL 32117 ☐ Remove ☐ Add Remove Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 2012 Dated Signature of a member authorized representative of a member LINDA CRISP

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00