L13000075619

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		COVER LETTER .	B 19
TO: Registration S			
Division of Co	rporations . *	A.	*
Index Ene SUBJECT:	rgy, LLC	·	v
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nadine Macon		
		Name of Person	······································
	Index Energy, LLC		
		Firm/Company	
	1044 N. US Highway Onc	e, Suite 202	
		Address	
	Jupiter, FL 33477		
		City/State and Zip Code	
	nadine.macon@indexinves		
	E-mail address:	to be used for future annual report notif	cation)
For further information of	concerning this matter, please c	all:	
Nadine Macon		561 529-6385	
Name o	of Person	· · · · · · · · · · · · · · · · · · ·	Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2015

NADINE MACON INDEX MANAGEMENT SERVICES LLC 1044 N. US HWY. ONE, SUITE 202 JUPITER, FL 33477

SUBJECT: INDEX ASSURANCE LLC

Ref. Number: L13000075619

We have received your document for INDEX ASSURANCE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 615A00019223

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Index Assu	rance HC
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies 4.300076619	y were filed on $\frac{5/23/13}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	nisty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	A A A A A A A A A A A A A A A A A A A
Enter new mailing address, if applicable:	E E
(Mailing address MAY BE A POST OFFICE BOX)	For on the
	RITE 8
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
the state of the s	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>	Address	Type of Action			
MGR	Index Management Services, LLC	1044 N. US HWYONE	□ Add			
	2 ,	Suite 202	Remove			
		dupiter, FL 33477	Change			
MGR	Bjorne borg	1044 N. U.S. HWY One	⊠ Add			
		Suite 202	□ Remove			
		Suite 202 Jupiter, Fh 33477	Change			
			Add			
			Remave Change			
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