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PICK-UP	☐ WAIT	MAIL
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(Docui	ment Number)	
Certified Copies	Certificates	of Status
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JAN 3 7 PP TO HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: INDIAN	Name of Limi	Awics, LLC	
The enclosed Articles of Ame	endment and fec(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jon S	Name of Person	
,		Name of Person	
	Inoian Rive	Firm/Company	(c
•		Firm/Company	
	500 W.	FAITH TEMPACE	2
		Address	
	MAITHANG	City/State and Zip Code	7/
	THO'AN PINES	City/State and Zip Code	Ail Com
_	E-mail address: (t	o be used for future annual report n	otification)
For further information conce	erning this matter, please ca	dl:	
JON SORENS	لدي	at (407) 235 Area Code Day	485Z
Name of Per	son	Area Code Day	time Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	S30.00 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

IND, AN PLIVER ORGANI		
(A Florida	ity Company as it now appears on our rec a Limited Liability Company)	oros.)
The Articles of Organization for this Limited Liability Colorida document number	Company were filed on 1-22-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	• • •
		. ()
		<del>.</del> ·
Enter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		€ ·
3. If amending the registered agent and/or regis registered agent and/or the new registered office add		rds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	dress
		FloridaZip Code
	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	
MGK - Manager	
AMBR = Authorized Member	
AMIDN - Authorized Member	

<u>Title</u>	Name	Address	Type of Action
MGR	Francis K. Leger	25551 Hawks Run La	1: dr Add
	J	25551 Hawks Run La Surrento, FL 32776	□ Remove
			Change
	<del></del>	<del></del>	🗆 Add
			Remove
			Change
			D Add
			Remove
			Change
	<del></del>		□ Add
			Remove
			Change
			<b>_</b> _
			Remove
			D Change
			□ Change

•	ts, if necessary.)
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90	(optional) ) days after filing.) Pursuant to 605
e: If the date inserted in this block does not meet the applicable statutory filing requirer	nents, this date will not be list
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlie
ne 90th day after the record is filed.	12.01 a.m. on the earlie
d JANUARY 5 ZO18	
()	- F(7)
	£;
Signature of a member or authorized representative of a member	рет
T Sancased	r
JONA HAN DEFENSE	<u>,</u>
JONATHAN SOPENSEN  Typed or printed name of signee	
	- : : : : : : : : : : : : : : : : : : :

Filing Fee: \$25.00