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PICK-UP WAIT MAIL
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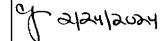
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	STUDIOS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	NORMA LONG		
		Name of Person	
	IN'DUL	GE STUDIOS, LLC	
		Firm/Company	
	1053 5TH	AVENUE NORTH	
		Address	
	NAPLES, FL 34102		
		City/State and Zip Code	
	E-mail address: (te	o be used for future annual report no	otification)
For further information c	concerning this matter, please ca	•	
NORMA LONG		239 580-8979	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he 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		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN'DULGE STUDIOS, LLC		2024 (770 -7 77411: 36
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) iability Company))
The Articles of Organization for this Limited Liability Company ville Florida document number L16000051146 L16000061146	were filed on March 28, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1053 5th Avenue North	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	TO1	:
	, Flori	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 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> •	Name	Address	Type of Action
AP	JOHN S LONG	1574 SERRANO CIRCLE	
		NAPLES, FL. 34105 US	≣Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
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			□ Change

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ffective date, if other than the date an effective date is listed, the date must be s (ote: If the date inserted in this block cocument's effective date on the Depart	does not meet the appli	cable statutory fili	more than 90 days after fing requirements, this	nal) iling.) Pursuant to 605.0201 date will not be listed as
record specifies a delayed effective date is filed.	te, but not an effective	time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
ated January 16	2024			
Norma Long				
Sign	ature of a member or auti	orized representativ	e of a member	
Norma Long				