

L170000016032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

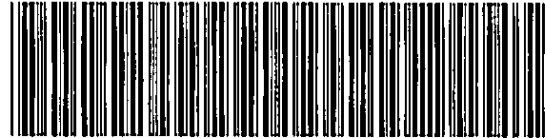
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/17/22--01007--307 **53.51

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2022 MAR 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
MAR 17 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2022

KELLY DESOUSA
1804 SAN MARCO PLACE
JACKSONVILLE, FL 32207

SUBJECT: INDIGO ART THERAPY STUDIO LLC
Ref. Number: L17000016032

We have received your document for INDIGO ART THERAPY STUDIO LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 222A00004655

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indigo Art Therapy Studio 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:

Kelly Desousa
Name of Person

Indigo Art Therapy Studio
Firm/Company

1804 San Marco Pl
Address

Jacksonville, FL 32207
City/State and Zip Code

Kelly@IndigoArtTherapy.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Kelly Desousa at (904) 607-2834
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Indigo Art Therapy Studio 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 1/20/2017 and assigned Florida document number L17000016032.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2017 MAR 17 AM 11:28
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TALLAHASSEE, FL

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

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

Title	Name	Address	Type of Action
MGR	Sarah Beaman	1804 San Marco PL	<input type="checkbox"/> Add
		Jacksonville, FL	<input checked="" type="checkbox"/> Remove
		32207 32207	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

2022 FEB 17 AM 11:08
☒ Add
☐ Remove
☒ Change

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Managing Partner, Sarah Beaman, is
voluntarily exiting the partnership
to seek other employment.

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TALLAHASSEE, FL


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/3/22, 2022.



Signature of a member or authorized representative of a member

Kelly DeSouza

Typed or printed name of signee