## 1700014 2279

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Doc	cument Number)	
ed Copies	Certificates	of Status
eal Instructions to F	Filing Officer:	

Office Use Only



800398249848

2023 FEB 22 AM II: 36 RECEIVED

ودعداده ا

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCO	OUNT NO.	:	1200000	00195		
		RE	FERENCE	:	514898	83	81435	
		AUTHOR	IZATION	ئے:	Xine 8	Cena		
	- <b></b> -	COS	T LIMIT	: :	25.00	- 7,00	,	
ORDER DAT	ΓE :	February	21, 2023					
ORDER TI	1E :	9:15 AM						
ORDER NO	. :	514898-01	.5					
CUSTOMER	NO:	838143	5					
N.	ME:	<u>MOD</u> MAIDNI	ESTIC AM	·	"	<u>ing</u>		
EFI	ECTIV	JE DATE:						
		S OF AMEND D ARTICLES		RPOI	RATION			
PLEASE RE	ETURN	THE FOLLO	WING AS	PRO	OF OF FI	LING:		
XX I	LAIN	FIED COPY STAMPED C FICATE OF		NDI	vG			

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

## 

Registration Section Division of Corporations

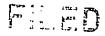
TO:

7				
SUBJECT:	Indian Meadows, LLC			
	Name of Lin	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Dana L. Lee			
		Name of Person	<del></del>	
	Arnold & Porter			
		Firm/Company		
	601 Massachusetts Ave	NW - Room 10411		
		Address		
	Washington, DC 20001-37	43		
		City/State and Zip Code		
	Dana.Lee@arnoldp			
	E-mail address: (	to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:		
Ryan F. Bender		at (202 ) 942  Area Code Dayt	2-5189	
Name of Person		Area Code Dayt	ime 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	· · · · · · · ·	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

DocuSign Envelope ID: C837BCB4-37E0-4D92-9F13-37B24A2044B6

## ARTICEES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 22 PH 12: 12 Indian Meadows, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/30/2017 The Articles of Organization for this Limited Liability Company were filed and assigned on Florida document number <u>L17000142279</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." c/o Rockridge Capital Holdings Enter new principal offices address, if applicable: 22 NE 22nd Ave., #4 (Principal office address MUST BE A STREET ADDRESS) Pompano Beach, FL 33062 Thomas W. Richardson Arnold & Porter Enter new mailing address, if applicable: 601 Massachusetts Ave., NW - Room 10408 (Mailing address MAY BE A POST OFFICE BOX) Washington, DC 20001 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: New Registered Office Address: Enter Florida street address 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

DocuSign Envelope ID: C837BCB4-37E0-4D92-9F13-37B24A2044B6 in amending Authorized rerson(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>	<u>Address</u>	Type of Action
MGR	Robert Kirby	c/o Rockridge Capital Holdings	iŠAdd
		22 NE 22nd Avenue #4	□Remove
		Pompano Beach, FL 33062	□ Change
MGR James Greer	James Greer	c/o Rockridge Capital Holdings	□Add
		22 NE 22nd Avenue #4	<b>⊠</b> Remove
		Pompano Beach, FL 33062	□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
-	
_	
Note:	e date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
the record cord is file	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 d.
Dated _	February 21 2023
	DecuSigned by:
	Signature of a member or authorized representative of a member
	SF Property Management LLC  By: Robert Kirby, Manager
	Typed or printed name of signee

Filing Fee: \$25.00