

L1700014 2279

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☐ WAIT

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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2023 FEB 22 PM 12:12

SECURITY DIVISION  
TALLAHASSEE, FL

2/23/2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 514898 8381435

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 21, 2023

ORDER TIME : 9:15 AM

ORDER NO. : 514898-015

CUSTOMER NO: 8381435

DOMESTIC AMENDMENT FILING

NAME: INDIAN MEADOWS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Indian Meadows, 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:

Dana L. Lee

Name of Person

Arnold & Porter

Firm/Company

601 Massachusetts Ave., NW - Room 10411

Address

Washington, DC 20001-3743

City/State and Zip Code

Dana.Lee@arnoldporter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan F. Bender

Name of Person

at ( 202 )

Area Code

942-5189

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**

**FILED**

2023 FEB 22 PM 12:12

Indian Meadows, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRET  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed 06/30/2017 and assigned on Florida document number L17000142279.

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."

**Enter new principal offices address, if applicable:**

c/o Rockridge Capital Holdings

**(Principal office address MUST BE A STREET ADDRESS)**

22 NE 22nd Ave., #4

Pompano Beach, FL 33062

**Enter new mailing address, if applicable:**

Thomas W. Richardson  
Arnold & Porter

**(Mailing address MAY BE A POST OFFICE BOX)**

601 Massachusetts Ave., NW - Room 10408

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Kirby	c/o Rockridge Capital Holdings	<input checked="" type="checkbox"/> Add
		22 NE 22nd Avenue #4	<input type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
MGR	James Greer	c/o Rockridge Capital Holdings	<input type="checkbox"/> Add
		22 NE 22nd Avenue #4	<input checked="" type="checkbox"/> Remove
		Pompano Beach, FL 33062	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 February 21, 2023

DecuSigned by:

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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**