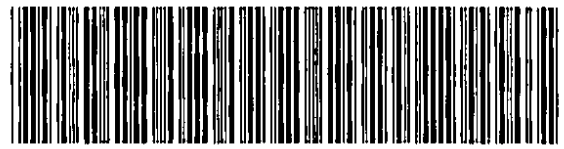


L17000169642



800323213018

03/24/19--01023--001 **35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

19 MAR -5 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 06 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2019

ANA LABRADOR ROSAS
INDICO BUILDERS LLC
809 POPLARWOOD LANE
KISSIMMEE, FL 34743

SUBJECT: INDICO BUILDERS LLC
Ref. Number: L17000169642

We have received your document for INDICO BUILDERS LLC and your check(s) totaling \$35.00. 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 219A00002538

RECEIVED

2019 MAR -5 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INDICO BUILDERS 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:

Ana Labrador Rosas

Name of Person

INDICO BUILDERS LLC

Firm/Company

809 Poplarwood Ln

Address

KISSIMEE, FL, 34743

City/State and Zip Code

indico.builders@gmail.com

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

For further information concerning this matter, please call:

Ana Labrador Rosas

Name of Person

at (407) 4661165

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Melendez, Jean J</u>	<u>5715 NW 2ND AVE</u>	<input type="checkbox"/> Add
		<u>Apto 903</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI, FL, 33127</u>	<input type="checkbox"/> Change
<u>D</u>	<u>Ana Labrador Rosas</u>	<u>809 poplarwood Ln</u>	<input checked="" type="checkbox"/> Add
		<u>KISSINMEE, FL, 34743</u>	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

I request to remove Melendez, Jean J

I request to add Ana Labrador Rosas

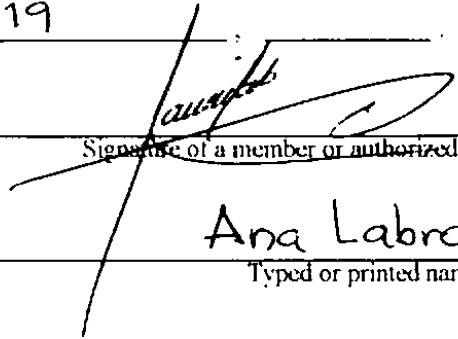
E. Effective date, if other than the date of filing: 03-01-2019 (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 03-01-2019



Signature of a member or authorized representative of a member

Ana Labrador Rosas

Typed or printed name of signer