117000169642

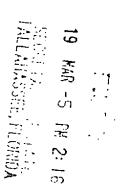
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
44. 44. 2

Office Use Only



800323213018

##35.00 ******35.00



MAR 0 6 2019 S. YOUNG



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.

Letter Number: 219A00002538

Shelia H Young Regulatory Specialist II

RECEIVED 19MAR - 5 PH 12: 01 TALL SHEET OF THE

COVER LETTER

Divisi	on of Corpora	tions		
SUBJECT:	INDICO	BUILDERS	LLC	
_		Name of Limi	ited Liability Company	
The enclosed A	Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return a	ll corresponder	ce concerning this matter	to the following:	
	_	Ana	Labrador Rosa	.S
	_		Name of Person	-
	-	INDIC	O BUILDERS LI	LC
	-	809	Poplarwood Ln	
	-	Kissii	TIMEE, FL, 3474 City/State and Zip Code	3
	_		builders@amail.	
For further info	ormation conce	rning this matter, please ca	all:	
4	na labro	idor Rosas	at (<u>407</u>) 466116 Area Code Daytin	ne Telephone Number
	. –	~.	, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a c	heck for the fol	lowing amount:		
□ \$25,00 Fili	ing Fee C	\$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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

*	· -	OERS LLC	
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ır records.)
The Articles of Organization for this Limited L	Liability Compar	ny were filed on08	$\sqrt{09/2017}$ and assigned
Florida document number <u>L 17 0∞169</u> 0			·
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lis	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
			<u> </u>
		,	MAR 11 AND
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
			三 至 :
			97. E
B. If amending the registered agent and registered agent and/or the new registered or			records, enter the name of the no
		··· <u>··</u> ·	
Name of New Registered Agent:	N/A	······································	
New Registered Office Address:	NA		
		Enter Florida stre	et 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Melendez, Jean J	5715 NW 2 NO AVE	
		Apto 903	Kemove
		MIAMI, FL, 33127	□ Change
D	Ana labrador Rosas	809 poplarwood Ln	≭ <u>Add</u>
		Kissinmee, FL, 34743	Remove
			☐ Change
			Add
			Remove
			Change
		·	□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
			🗖 Add
			Remove
			Change
			Remove
			Change

-	<u> </u>	request	<u> to </u>	remove	Melen	dez, Jean J	
•	I	request	to	add	Ana	Labrador	Rosas
•							
				-	-		
					-		
E. Effect	tive date	e, if other than the	date of	filing: <u>03</u> -	01-20	19(o _l	otional)
(If an et <u>Note:</u>	Tective dat If the da	te is listed, the date mu	st be specif lock does	ic and cannot be pri not meet the appl	or to date of film icable statutor	g or more than 90 days a	fter filing.) Pursuant to 605.0207 this date will not be listed as t
		pecifies a delayed day after the rec			not an effect	ive time, at 12:0	1 a.m. on the earlier of
Dated	03	-01-2019		1			
2 400				wife			
		····	1		thorized represen	ntative of a member	
				Ana La	abrador	Rosas	
			1		nted name of sig		

Page 3 of 3

Filing Fee: \$25.00