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## **COVER LETTER**

Division of Co	orporations		
Indigo Inv	vest LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aram Velazquez		
	* 1	Name of Person	
	Indigo Invest LLC.		
		Firm/Company	
	1005 NE 118th St		
•.	, 1	Address	
	Biscayne Park, FL 33161		
		City/State and Zip Code	
	aramv00@gmail.com	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	,
Aram Velazquez		305 979-1888 at ( )	
Name	of Person		e 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** 

TO:

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

Indigo Invest LLC.	
( <u>Name of the Limited Liability Company as it now appe</u> (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	October 16, 2017 and assigned
Florida document number L17000213954	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
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)	<b>)</b> 190 850 850 850 850 850 850 850 850 850 85
	<b>9 ד</b> כסא נכסא רבר
Enter new mailing address, if applicable:	≠ Prs
(Mailing address MAY BE A POST OFFICE BOX)	AT 10 AT 10
	F 7
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>enter the name of the ne</u>
New Registered Office Address:	
	orida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mariel Guzman	1005 NE 118th Street	
		Biscayne Park, FL 33161	Remove
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			☐ Remove
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Effec	tive date, if other than the date of filing: (optional)		
fan e Note	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 6 ill not be li	05.0207 sted as
	nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the ear	lier of
111	e sour day after the record is med.		
<b></b>	7/16/18		
Jaice	1 2		
	Show		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00