L17000232913

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COVER LETTER

TO:

Registration Section Division of Corporations

IndieGo M	ledia LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Tracy Mohr			_	
		Name of Person	<u> </u>		
	IndieGo Media LLC				
		Firm/Company		_	
	7928 West Drive PH9				
		Address		_	
	North Bay Village, FL 331	41		2.7) 	202
		City/State and Zip Code		2020 AUS -7 Secontian (TALLAHAS	
	tracymohr@gmail.com			- - - - - - - - - - - -	
	E-mail address: (to be used for future annual report noti	fication)	第7。 第二。	7
For further information	concerning this matter, please c	all:		30.77	AH 7
Tracy Mohr		305 281-8869			AH 7: 00
Name	of Person	Area Code Daytim	e Telephone Numbe	er	J
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of 7 2415 N. Monro	porations Fallahassee	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indictio Media LLC	ny ac it now annears on our recor	de)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iability Company)	<u>us.</u> /
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000232913</u>	were filed on 11/10/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 AUS
		7 1
B. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	r the name of the new regist
agent and/or the new registered office address here:		7:09
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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>	Name	Address	Type of Action
CEO	Storm, Jessica J	9801 SW 100 Ave	□Add
		Miami, FL 33176	≅ Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Si Cone ALLA MANASSE
			BChange
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ective date, if other than the date effective date is listed, the date must be the list of the date inserted in this block the ument's effective date on the Department.	does not meet the applicable s	(o) e of filing or more than 90 days a statutory filing requirements,	ptional) ifter filing.) Pursuant to 6 this date will not be li	05.02(sted a
cord specifies a delayed effective da s filed.	te, but not an effective time, a	t 12:01 a.m. on the earlier of	: (b) The 90th day af	ter the
ed July 26th	, 2020			
\ X I I' 1/\/		representative of a member		