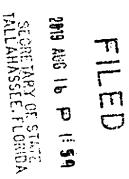
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## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	Indigo Alli	ance I.I.C		
SOBJI,	CI	Name of Lin	nited Liability Company	-
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Patrick Sirmeyer		
			Name of Person	
		Indigo Alliance LLC		
			Firm/Company	
		225 S. Westmonte Drive S	uite 225	
			Address	· · · · · · · · · · · · · · · · · · ·
		Altamonte Springs, FL 32	714	
		patricks@luxusjobs.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information o	concerning this matter, please c	all:	
Patrick :	Sirmeyer		407 2219005 at ()	
	Name o	i Person		Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■ \$</b> 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

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Indigo Alliance LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2013 AUS 15 P 15 Sq

The Articles of Organization for this Limited Liability Company	were filed on February 852018E 1ARY UP 51A-E TAIL AHASSEE, FLORIBS igned
Florida document number L18000035590	
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 Liabi	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida 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>	Address	Type of Action
MGR	Dennis Cavilla		
		2827 Park Meadow Drive.	D Add
		Apopka FL 32703	■ Remove
			Change
MGR	Patrick Sinneyer	225 S. Westmonte Drive Suite 225, Altamonte Springs FL 32714	<b>=</b> Add
			Change
			☐ Remove
			Change
		<del></del>	
			Remove
			□ Change
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Effecti	ive date, if other than the date of filing:	8/13/2019	Zamatina IN
lf an eff	fective date is listed, the date must be specific and car	nnot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605.020
Note:	if the date inserted in this block does not mee	t the applicable statutory :	Thing requirements, this date will not be listed a
docum	ent's effective date on the Department of State	e's records.	
ne rec	cord specifies a delayed effective date	e, but not an effectiv	e time, at 12:01 a.m. on the earlier o
me	90th day after the record is filed.		
Dated .	<del></del>	·	
	7 2/	م بند <del>اس</del> را بو	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00