

218000115449

(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



700319221267

10/16/18--01036--020 \*\*30.00

RECEIVED  
OCT 16 2018

Amended  
10-24-18  
LTS

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 15 AM 10:35

FILED

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blue Indigo, 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:

Nerychelle Castilelro

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10530 NW 18 PL

\_\_\_\_\_  
Address

Pembroke Pines, FL 33026

\_\_\_\_\_  
City/State and Zip Code

nerychelledelcar@hotmail.com

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

For further information concerning this matter, please call:

Nerychelle Castillero

305

733-0365

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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

**FILED**

Blue Indigo, LLC

2018 OCT 15 AM 10:35

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on May 08, 2018 and assigned  
Florida document number L18000115449.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Oscar Lerma, JR

New Registered Office Address:

10530 NW 18 PL

*Enter Florida street address*

Pembroke Pines

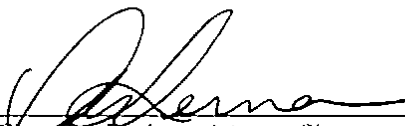
*City*

Florida 33026

*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>      | <u>Address</u>   | <u>Type of Action</u>                      |
|--------------|------------------|--|--|
| MGR          | Oscar Lerma, JR. | 10530 NW 18 PL<br>Pembroke Pines, FL 33026                       | <input checked="" type="checkbox"/> Add    |
|              |                  | Nerychelle Castillero<br>10530 NW 18 PL, Pembroke Pines FL 33026 | <input checked="" 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            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |
|              |                  |  | <input type="checkbox"/> Add               |
|              |                  |  | <input type="checkbox"/> Remove            |
|              |                  |  | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight texture and some minor discoloration or shadows, suggesting it's a physical document. There is no handwriting or other markings on the page.

May 09, 2018

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 the 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 \_\_\_\_\_, \_\_\_\_\_

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Nencyhelle Castillo  
Typed or printed name of s

Typed or printed name of signee