# L1900000 6396

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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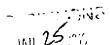
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SECRETARY OF STATE

STANKESSEE FROM



# **COVER LETTER**

TO:	Registration Section Division of Corporations						
	indigo ex	KPRESS LLC					
SUBJ	ECT:	Name of Limited Liability Company					
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		LEONOR P STORACE					
		INDIGO EXPRESS	Name of Person				
		6615 W. BOYNTON BEA	Firm/Company CH BLVD SUITE 413,				
		BOYNTON BEACH, FL.	Address 33437				
		dee.carolina@gmail.com	City/State and Zip Code				
		E-mail address: (	to be used for future annual report notifi	cation)			
For fu	rther information co	oncerning this matter, please co	all:				
LEON	OR PSTORACE		954 477-8400 at ()				
	Name of	Person		Telephone Number			
Enclos	sed is a check for th	e following amount:					
□ <b>\$</b> 2	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

INDIGO EXPRESS LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		聖皇里
Principal office address MUST BE A STREET ADDRESS)		ED 22 PH 22 PH
Enter new mailing address, if applicable:		6: 25 0810A
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	City, Flo	rida 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
	LEONOR P. STORACE	6615 W BOYNTON BEACH	
MGR		BLVD, STE 413, BOYNTON	
		BEACH, FL 33437	
			☐ Remove
			□ Change
MGR	CHRISTOPHER ADAMSON	6615 W BOYNTON BEACH BLVD, STE 413, BOYNTON	
		BEACH FL 33437	Add
			■ Remove
			Change
			T SE GO Add
			Reprove
			شعبر است
			Change
			~~ <u>~ 1</u>
			Add
			☐ Remove
		<del></del>	☐ Change
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			Change
<del></del>			
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
∓s <b>19</b>
CORE & B
TARE SSI
RIDA RIDA
01/17/2019
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 605,020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
01/17/2019
Dated
Signature of a member or authorized representative of a member
CHRISTOPHER ADAMSON

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Typed or printed name of signee

Filing Fee: \$25.00