L19000063481

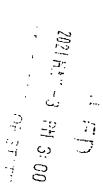
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COVER LETTER

Tallahassee, FL 32314

TO: Registration ! Division of Co	Section orporations		
Indie Blu SUBJECT:	e, LLC		
30bjec1	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.	
	condence concerning this matter	-	
	Matthew T. Harrod		
		Name of Person	
	Harrod Law, PLEC		
	-	Firm/Company	
	822 A1A North, Suite 310)	
		Address	
	Ponte Vedra Beach, FL, 32	2082	
	mharrod@mattharrod.com	City/State and Zip Code	
For further information	E-mail address; (concerning this matter, please c	to be used for future annual report noti	fication)
Matthew T. Harrrod	the state of the s	904 473-4995	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indie Blue, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on March 5, 2019	and assigned
Florida document number L19000063481		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ited liability company here:	
he new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
		-
inter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE ΒΟλ)</u>		
2. If amonding the projective decision is) (C)	2021
If amending the registered agent and/or registered gent and/or the new registered office address here:	doffice address on our records, enter the	name of the new registe
		ယ်
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		S 3 0
	Enter Florida street address	70
	Florid	
	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 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
AMBR	Samantha McBride	236 Spanish Creek Dr.	□ Add
		Ponte Vedra, Fl. 32081	
			■Change
AMBR	Katie McCord	7901 4th St. N. Ste 300	
		St. Petersburg, FL, 33702	≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove

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Effective date, if other than the date of fill an effective date is listed, the date must be specific Note: If the date inserted in this block does not document's effective date on the Department.		of filing or more than 90 days a latutory filing requirements.	ptional) after filing.) Pursuant to 605 0207 this date will not be listed as
e record specifies a delayed effective date, but rd is filed.	not an effective time, a	12:01 a.m. on the earlier of	(b) The 90th day after the
Dated 4-20	. 21		
	700		
Signature)o Sanao tha	Listember or authorized	epresentative of a member	