# L19000121259

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: /ND160 FLEET US, 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:
NATALIE Sullivan
90 Indigo Fleet US, LLC Firm/Company
4500 140= AVE N. Ste. 101
Clear water, 4L 33762.  City/State and Zip Code
<u>Matalies &amp; export Actionusa</u> . com E-mail address: (so be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (727) 538-4147  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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 FLEE	T US, LLC			
( <u>Name of the Limited Liab</u> (A Flori	T US LLC  illity Company as it now appears or ida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability		5/3/19	and assi	igned
Florida document number <u>L19 00012125</u>	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desig	nation "LLC" or the abb	reviation "L.I	J.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
			6)	
			16107	
Enter new mailing address, if applicable:			= = :	
(Mailing address MAY BE A POST OFFICE BOX)				
			70	<del>;</del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ir records, <u>enter_t</u>	<u>he name (</u> ယ	of the new
Name of New Registered Agent:	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	•		
New Registered Office Address:				
	Enter Florida s	street address		
		, Florida		
	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

11 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	GAIL Holden	4500 140- AVE. N # 101	🗗 Add
		4500 140- AVE. N # 101 CLEARWATER, # 3376	<u>^2</u> □ Remove
			Change
			Add
			□ Remove
			Change
			D Add
			Remove
			Change
	- <u> </u>	<del></del>	□ Add
			□ Remove
		<del> </del>	Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change

er it ainell	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
<del></del>	
(If an effect <u>Note:</u> If	e date, if other than the date of filing:
f the recor b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	May 13, 2019.  Signiture of a member or authorized representative of a member
	NATALIE SULLIVAN Typed or printed name of signee

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Filing Fee: \$25.00