

L20 000 181 718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

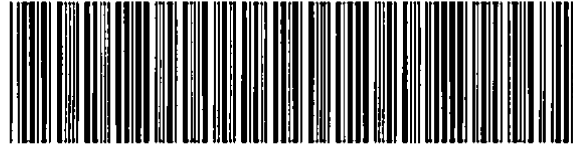
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COMMUNICATIONS

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT:

Funky 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:

Francisco Cuevas

Name of Person

Funky Indigo, LLC

Firm/Company

16391 NW 12 ST.

Address

Pembroke pines, FL 33028

City/State and Zip Code

eboder50@gmail.com

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

For further information concerning this matter, please call:

Francisco Cuevas

Name of Person

at

954

Area Code

870-0270

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Funky Indigo, LLC

If Changing Registered Agent, Signature of New Registered Agent

le	Name	Address	Type of Action
GR	ENZA BODERONE	16391 NW 12 ST	<input type="checkbox"/> Add
		Pembroke pines, FL 33028	<input checked="" type="checkbox"/> Remove
		16391 NW 12 ST	<input type="checkbox"/> Change
GR	FRANCISCO CUEVAS	Pembroke pines, FL 33028	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2019.08.21 11:21

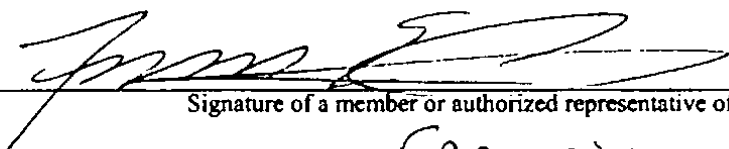
Effective date, if other than the date of filing: _____ (optional)

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 (3)(b)

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.

e 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 rd is filed.

Dated 8-30, 2020.



Signature of a member or authorized representative of a member

FRANCISCO CUEVAS

Typed or printed name of signee