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TO:	Registration Se Division of Cor						
Indigo Bliss LLC							
SUBJECT: Name of Limited Liability Company							
The end	closed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please 1	return all correspo	indence concerning this matter	to the following:				
		Octavia Coleman					
Name of Person							
			Firm Company				
	4103 E. Ellicott St. Unit. 202						
	Address						
		Tampa, FL, 33610					
	City/State and Zip Code						
		Octavianicole@aol.com	to be used for future annual report notific	cation)			
For furt	her information c	oncerning this matter, please of	·	catony			
Octavia	a Coleman		813 817-8069 at ()				
Name of Person		f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ \$25	5.00 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			<u>Street Address:</u> Registration Sect	ion			

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indigo Bliss LLC		
(<u>Name of the Limited Linbility C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
he Articles of Organization for this Limited Liability Com- lorida document number L21000432719	pany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ndigo Bliss Boutique LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE <u>A STREET ADDRES</u>	SS)	
		20
		1024 7.7.7
nter new mailing address if applicables		
Enter new mailing address, if applicable:		<u>, , , , , , , , , , , , , , , , , , , </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>က်</u> က်
han at a tan a	CC	· 🗜
If amending the registered agent and/or registered of gent and/or the new registered office address here:	nice address on our records, enter the n	ame orane new regis
Name of New Registered Agent:		
N D is 1000 All is		
New Registered Office Address:	Enter Florida 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 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
			□Add
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 (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. 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. 2024 Signature of a member or authorized representative of a member Octavia Coleman

Typed or printed name of signee