## L22 000029186

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 0 7 2022

## **COVER LETTER**

Div	ision of Cor	porations		
UBJECT:		Company of Florida, LLC		
object.		Name of Lim	ited Liability Company	
he enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
		Steven E. Harvey		
			Name of Person	<del></del>
		Harvey & Vallini, LLC		
			Firm/Company	
		497 Bramson Court, Ste. 2	01	
			Address	· <del></del>
		Mt. Pleasant, SC 29464		
			City/State and Zip Code	
		steveh@hvlawsc.com E-mail address: ()	to be used for future annual report notifi-	cation)
or further in	nformation co	oncerning this matter, please ca	·	•
Steven E. Ha	arvey		803 518-1648	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 E	filing Fee	S30.00 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)
·	iling Address		Street Address:	vian.

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## . ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAR 23 AM 7: 37

Indigo Title Company of Florida, LLC

SECRETARY OF STATE

	G1 4 . February 1, 2022	and and and	
The Articles of Organization for this Limited Liability Compan	y were tiled on Tostally 1, 2022	and assigned	
Florida document number L22000029186			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Indigo Title of Florida, LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
muning undress MAT BE A TOST OF THEE BON			
B. If amending the registered agent and/or registered office	address on our records, enter the	e name of the new reg	
agent and/or the new registered office address here:	·	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:			
N. D. C. TOWN Address			
New Registered Office Address:	Enter Florida street address		
	***		
	, Fion	daZip Code	
		•	
New Registered Agent's Signature, if changing Registered Agen	t:		

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
			□Change
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ote: 1	we date, if other t etive date is listed, the of the date inserted ent's effective date	in this block does	s not meet the	applicable statt	filing or more than atory filing requir	(optional) 90 days after filing.) I ements, this date w	rursuant to 605.0207 ill not be listed as
i is file	ed.	d effective date, b	ut not an effec	ctive time, at 12	:01 a.m. on the c	arlier of: (b) The	90th day after the
	March 21		2022				
Note: 1		- · · · · · · · · · · · · · · · · · · ·	<del>_</del> , <i>j</i>	·			
ated [	5.	4/1	HANU	X _			
Pated 1	<u> </u>	Signatur	re of a member	authorized rep	resentative of a me	mber	

Filing Fee: \$25.00