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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **INDIGO96 LLC**

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AUG 1 2 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indigo96 LLC			
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	bility Company were filed on 05/27/22	and as	signed
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "I	1C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the na</u> <u>here</u> :	ime of the ne	ew register 2022
Name of New Registered Agent:		- 10°	2022 AUG 1
New Registered Office Address:		<u> </u>	1 E
	Enter Florida street address		⊐ <u>k</u>
	, Florida _	Zip Code	<u></u>
	, , , , , , , , , , , , , , , , , , ,	22.	_

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>	Name	Address	Type of Action
AMBR	Jessica Paul	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□ Change
			□Add
			□Remove
			□ Change
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Dated August 11	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	Riley tak.
	Signature of a member or authorized representative of a member