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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations	•	•
SUBJECT:	-naigo Acres Name of Lim	L. L. C ited Liability Company	
	Amendment and fee(s) are sub- ndence concerning this matter	<u>-</u>	
	Brya	Name of Person	
	_ Indigo	Acres L.L.C Firm/Company	· · · · · · · · · · · · · · · · · · ·
	Hoi SW S	hacly Lane	
	Lake City Indiguacres	FL 32024 City/State and Zip Code IC 2023 © 9000 to be used for future annual report notified.	
For further information co	oncerning this matter, please ca		
Bryan S	Simmons Person	at (386) 965 - Area Code Daytime	1701 e Telephone Number
Enclosed is a check for th	e following amount:		
立 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indigo Acro		· · · · · · · · · · · · · · · · · · ·		 -
(<u>Name of the Umited Liability</u> (A Florida L	Company as it new apper Imited Liability Company	ars on our record:)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on _	May 19	2023 a	nd assigned
Florida document number 123000247583		J		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC"	" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<u>.</u>	-9
			· · ·	=======================================
Enter new mailing address, if applicable:				<u>ப</u>
(Mailing address MAY BE A POST OFFICE BOX)			 .	**************************************
		-	· · · · · · · · · · · · · · · · · · ·	17
			in	36
B. If amending the registered agent and/or registered cagent and/or the new registered office address here:	office address on our	records, <u>enter</u>	the name of t	he new registere
Name of New Registered Agent:	 			
New Registered Office Address:				
•	Enter Fi	lorida street address	,	-
		, Flo	orida	
	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

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
MCIR	Nicholas M. Gardini	328 SW Shady Lane	□Add
		Lake City FL 32024	_ Remove
			🗆 Change
MC1R	Brandan W. Brown	124 NW Cubblestone To	TYNAM
		lake City FL 32055	□Remove
			□Change
			🗆 Add
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fan effective date is liste Note: If the date inse locument's effective record specifies a de d is filed.	elayed effective date, because on the Department of Summary Signature.	ent of State's records. but not an effective time , 2023	e, at 12:01 a.m. on the	e earlier of: (b) The S	90th day afte	