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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CG TAX, INC. Account Number : 119990000017 Phone : (305)485-930

Phone Fax Number : (305)485-9300 : (305)485-1098

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

Email Address:\_\_\_\_\_

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INDIGO FULL SERVICES FL. LLC.

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NOV - 3 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>v</b>	_				
INDIGO FULL SERVICES FL, LL (Name of the Limit	C. ed Liability Compar G. Florida Limited	ny as it now appears on our records.) Sability Company)		_	
			and	assione	4
The Articles of Organization for this Limited Li	ability Company	were filed on	and	assigne.	.1
forida document number L23000349169	·				
This amendment is submitted to amend the follo	swing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
N/A		TI COM AN INC.	abbrestation		
N/A The new name must be distinguishable and contain the w	ords "Limited Labb		acore rano		
Enter new principal offices address, if applicable:		4550 NW 9TH ST APT E601			
(Principal office address MUST BE A STREE		MIAMI, FL 33126			
Enter new mailing address, if applicable:	4550 NW 9TH ST APT E601				
(Mailing address MAY BE A POST OFFICE	MIAMI, FL 33126				
The state of the s		_ <u>```</u>	<u>~~</u> _		
B. If amending the registered agent and/or	ragistored affice	address on our records, enter the n	ame of the	S neWTe	<u>uister</u>
B. If amending the registered agent and/or the new registered office addresses and/or the new registered office addresses	ess here:	200.00.00.00.00.00.00.00.00.00.00.00.00.			· ~
Name of New Registered Agent:	LAZARO RIC	CARDO, DE ARMAS HERRERA		70	<u> </u>
<del></del> -	4550 NW 9TH ST APT E601		-,.	<del></del>	
New Registered Office Address:		Enter Florida street address		32	
	MLAMI	Florida	33126		
		Cigr	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.

\* Laza no Ki Cordo W Hrong H.
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	Address	Type of Action
AMBR	DE ARMAS MACHADO, RICARDO	8370 NW 10TH ST APT A9	
		MIAMI, FL 33126	■Remove
MGR	VELIZ MELO, MICARLA	\$370 NW 10TH ST APT AS	
		MIAMI, FL 33126	BRemove
AMBR	LAZARO RICARDO, DE ARMAS	550 NW 9TH ST APT E601	<b>≣</b> Add
		MIAMI, FL 33126	AMI, FL 33126 □Remove
			☐ Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			DRemove

	NA
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nne Ufan	tive date, if other than the date of filing:  (optional)  (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.02
Note	If the date inserted in this plack does not meet the applicable statelety many requirement,
docu	ment's effective date on the Department of State's records.
he rec	ord 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
ord is	filed.
_	d NOVEMBER I 2023
Dati	<u> </u>
	Signature of a member or authorized representative of a member

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