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## **COVER LETTER**

TO: Registration Division of C	Section Corporations	•		
SUBJECT:	Indian P	d Linbility, Company	im & Gluss L	عاد
The enclosed Articles	of Amendment and fee(s) are subm	itted for filing.		
Please return all corre	spondence concerning this matter to	the following:	1"	
	<u>Caja</u>	Mame of Person	Δ	•
	Indian Ri	Ver Cluminum Firm/Company	1. E. Class LL	<u>ٽ</u>
,	725 90H	Address		
	Vero Ber	City/State and Zip Code	968	•
	E-mail address: (to	be used for future annual report notific:	Mark com En 27	-
For further informatio	n concerning this matter, please cal		127	ميد. ديد خ
Calch	Milliman and Person	at 772 453 Area Code Daytime T	-7050in Pi	
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,	or the following amount:	•	·	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		1		

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

Street Address:
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

Indian Property	iver Quited Liability Com	ilimin	um c' (	วในรั้	<b>1</b>	,
The Articles of Organization for this Limited I.	(A Florida Limite Liability Compar DG 2117	d Liability Compo	$\frac{2}{2}$	1202L	and assign	ned
This amendment is submitted to amend the foll  A. If amending name, enter the new name of	owing:	bility compan	y here:			
The new name must be distinguishable and contain the	and the same				(I)	2
The new name must be distinguishable and contain the w	vorus, Cimited Ciat	ility Company " r	he designation "L	LC" or the abbre	viation LL.C.	- F
Enter new principal offices address, if applic	able:				~:	یے
(Principal office address MUST BE A STREE	TADDRESS)	. A T	, ,	,	:	
			<u> </u>			2
Enter new mailing address, if applicable:				•,	200	PH 12
(Mailing address MAY BE A POST OFFICE )	BOX̂) → · · ·	4.6			7175	٠٠. س
, , ,	• •				- <del></del>	<u> </u>
B. If amandian the rest of the second		-		·	<del></del>	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	iddress on our	records, ente		the new regi	istered 
Name of New Registered Agent:						
New Registered Office Address:		<del></del>				_
		Enter Fl	orida sırees addre	12		_
			E1	orida		
		City	,		p 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

MGR = Mana AMBR = Autho	ger Drized Member		
	Name	Address	Type of Action
0°/ <u>o ow</u> ner MGR=	Christian Milliman	775 90th Aver Vero Beach, FL 32	
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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 (	Effect	tive date, if otl	her than the dat	e of filing: _	•		·	(optional)	
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Filing Fee: \$25.00