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DATE:

11/19/2024

NAME: INDIGO STUART APARTMENTS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

State: Indigo Stu	art Apartments LLC	
Enter new principal office address, if applicable:		2024
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		(SSE) (19)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is:M240000	013813
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Octo	ober 29, 2024	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	et contain "Limited Liability C	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the	g business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Entag Elim	ida Street Address
	Enter Fior	
	City	, Florida
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered age, the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this cap and complete performance of tered agent as provided for in in the registered office addre.	pacity. I further agree to comply w f my duties, and I am familiar with Chapter 605, F.S. Or, if this

-	ment changes person, title or capa is added as the Chief Operating Of	city in accordance with 605.0902 (1)(e), indicate that ficer (COO).	change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>	Kristi King	4890 W. Kennedy Boulevard, Suite 270 Tampa, FL 33609	<b>■</b> Add
		-	□Remove
			□Add
			□Remove
		TALLAHASSEE, FLORIDA	Remove
			□Remove
			□Add
aforemention	e certificate, if required: no more ned amendment(s), duly authentic inder the law of which this entity	cated by the official having custody of records in the	□Remove
	/s/ Ste	even R. Robbins	
	Signa	ature of the authorized representative	
	Steve	en R. Robbins	
	Typer	1 or printed name of signee	

Filing Fee: \$25.00