L08000021731

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations	4 4 4 4	*
Indapandar	ice Capital, LLC		4
SUBJECT:			·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Roger W. Conner III		
		Name of Person	
	Independence Conital III	7	
	Independence Capital, LLC		
		Firm/Company	
	6036 Falconbridge Place		
		Address	
	Mt. Dora, FL 32757		
		City/State and Zip Code	
	rwconner3@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Roger Conner		407 252-9770 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration :		Registration Se	
Division of C		Division of Cor	
P.O. Box 632	7	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Independence Capital, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/29/2008}{2}$ and assigned Florida document number __L08000021731 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida ___

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
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cument's effective date on the	Department of	i State's records.	•					
cord specifies a delayed effec	tive date, but n	ot an effective ti	me, at 12:0	l a.m. on the	carlier of: (b)	The 901	h day :	after th
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October 23,	0	2020						
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	WV VV	a member or author						-

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Filing Fee: \$25.00