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COVER LETTER

Division of Corporations
SUBJECT: Independently Delicities LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth Dingus Liptak Name of Person
Firm/Company
432 Meadow Dr.
Edinburg Va 22824 City/State and Zip Code
Champs ar Il a act com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Flizabeth Dingus at (540) 333-5665 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Independently (Name of the Limite	d Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
\ <u></u>	(A Florida Limited Liability Company)	
-	ability Company were filed on	and assigned
Florida document number <u>26-27329</u>	164	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if application	able:	
(Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, ente	r the name of the n
registered agent and/or the new registered of	nee address here.	
Name of New Registered Agent:		
Name of New Registered Agent.		·
New Registered Office Address:	Enter Florida street address	
	. Florida _	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 t 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Elizabeth D. Liptak	6751 Englelate Dr	Add
		Lakeland FL 33813	
			Change
MGR	Cary R. Liptak	6754 Englelate Dr	Œ Add
		6754 Englelate Dr Lateland FL 33813	□ Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			C Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			Remove
			Change

The purpose of this ammendment is to
The purpose of this ammendment is to remove Elizabeth Dingus Liptak from the Corporation.
the Corporation.
E. Effective date, if other than the date of filing: (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 (3)(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 8 24 19 (Less All Signature of a member of a uthorized representative of a member
Elizabeth Dingus Liptak. Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00