

L09000038007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

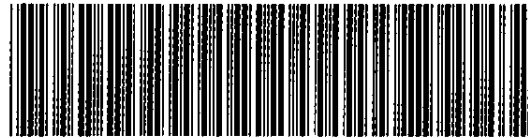
Special Instructions to Filing Officer:

**A. LUNT**

DEC. - 6 2010

**EXAMINER**

Office Use Only



100188253891

12/03/10--01008--010 \*\*60.00

**FILED**  
2010 DEC - 3 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Vindan Group 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:

Vincent DePasquale

Name of Person

Firm/Company

1908 paw paw pl

Address

Trinity FL 34655

City/State and Zip Code

drdepasquale@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent DePasquale

Name of Person

at (727) 207-0268

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ASSOCIATION  
TO  
ARTICLES OF ORGANIZATION  
OF

INDIAN GEAR LLC  
Name of the Limited Liability Company as it now appears on our records. 4/10  
(A Florida Limited Liability Company)

Limited Liability Company were filed on 18007  
Company here:

VIR  
\_\_\_\_\_  
(Name of the \_\_\_\_\_)  
Articles of Organization for this Limited Liability Company.  
Florida document number L09 0000 38007.  
**This amendment is submitted to amend the following:**  
**A. If amending name, enter the new name of the limited liability company here:**  
\_\_\_\_\_ must be distinguishable and end with the words "Limited Liability Com-"  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**If changing address, if applicable:**  
**BE A STREET ADDRESS)**

Enter new principal office address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

*(Mailing address MAY BE A POST OFFICE BOX)*

Name of New Registered  
New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity  
 the provisions of all statutes relative to the proper and complete performance of my  
 accept the obligations of my position as registered agent as provided for in Chapter  
 being filed to merely reflect a change in the registered office address. I hereby  
 company has been notified in writing of this change.

\_\_\_\_\_  
 City

Signature of New Registered Agent  
Signature of New Registered Office Address  
Signature of Changing Registered Agent

If Changing Registered Agent  
 Page 1 of 2

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Vause	10838 Alicia pass NPR FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Daniel DeBsguale	11104 Sagsdale ct Newport Richy FL 34654	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

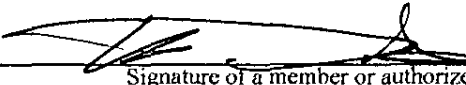
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CLERK OF COURT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Nov 29, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Vincent DeBsguale  
\_\_\_\_\_  
Typed or printed name of signee