L1000018859

(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:				

Office Use Only

G. MCLEOD

MAR 25 2011

EXAMINER



100199191731

03/24/11--01035--015 **25.00

11 MAR 24 PM I2: 06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations						
SUBJECT:	INDYMAC	PROPERTIES LLC				
	Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
		DADDY DEDCMAN				
BARRY BERGMAN Name of Person						
		Name of Ferson				
INDYMAC PROPERTIES LLC						
Firm/Company						
5300 NW 12 AVENUE #1						
Address						
	FORT LAUDERDALE, FL 33309					
City/State and Zip Code						
	INDYMACPROPERTIES@GMAIL.COM E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	all:				
TANYA ELDRIDGE at (954) 302-8714 EXT 102						
Name of Person Area Code & Daytime Telephone Number			elephone Number			
Enclosed is a check for t	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:

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

	OPERTIES LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on	7/27/2010	and ass	signed
Florida document number <u>L10000078859</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Company	," the designation	LLC" or the a	abbreviatio
Enter new principal offices address, if applicable:			TALL SE	;
(Principal office address MUST BE A STREET ADDRESS)			CRET	e astes.
		•	ASS	
Enter new mailing address, if applicable:			R24 PMI2: 06 TARY OF STATE ASSEE, FLORID	
Mailing address MAY BE A POST OFFICE BOX)			ORIGA ORIGA	Travel
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our	r records, enter	the name o	f the nev
				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter	· Florida street add	dress	
		, Florida		
	Citv		Zin 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 608, 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 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> Name **Address** Type of Action **MGR** ADAM LEVINSON 5300 NW 12 AVENUE #1 ☐ Add FORT LAUDERDALE, FL 33309 ✓ Remove LISA BERGMAN MGR 5300 NW 12 AVENUE #1 ✓ Add FORT LAUDERDALE, FL 33309 Remove ☐ Add Remove Add Remove \square Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 3 23 Dated ___ hature of a member or authorized representative of a member BÁRRY BERGMAN Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00