L11000101885

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J. BRYAN

OCT -7 2011

EXAMINER

COVER LETTER

то:	Registration Se Division of Co				
SUBJE	CT:	INDI	EPAC, LLC		
00202			ted Liability Company		
The end	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
			JANICE CAYON Name of Person		
		WORLDWIDE CO	DRPORATE ADMINISTRA	TORS LLC	THE THE SEE FLOW
2330 PON		2330 PON	DE DE LEON BLVD SUITE	E 201	TO 25 10 10 10 10 10 10 10 10 10 10 10 10 10
		COF	RAL GABLES, FL 33134 City/State and Zip Code		S.
For furt	her information o	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report noti	fication)	
	JAN	NICE CAYON of Person	at (305)	444-8800 ne Telephone Numbe	r
Enclose	ed is a check for t	he following amount:			
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclose	d) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	INDEPAC LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
		00/00/0044	
The Articles of Organization for this Limited Liabilit	ty Company were filed on	09/06/2011	and assigned
Florida document number — H11000219520)		10 B M
L11000101885	5		2000
This amendment is submitted to amend the following	g:		and assigned
A. If amending name, enter the new name of the	limited liability company here	:	3 3 0
,	•		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compan	y," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Regist	tered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Salvador Mier y Teran Sierra	8796 Thames River Drive Boca Raton, FL 33433	☐ Add ☑ Remove
MGR	Rosa Gabriela Camacho Torres	8796 Thames River Drive Boca Raton, FL 33433	✓ Add Remove
MGR_	Francisco Alfredo Delgadillo Aguirre	8796 Thames River Drive Boca Raton, FL 33433	
MGRM	Inst.Nac.De Estudios Superiores en perecho Pengl A.C.	8796 Thames River Drive Boca Raton, FL 33433	✓ Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necess	
			TOT-6 PHIS
 Dated	September 27 , 201	1	—— 有 运
	Signature of a member or	authorized representative of a member	
		redo Delgadillo Aguirre	
	Typed or	printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00