L15000129368

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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15 AUG 11 PH 3: 32 SEORETARY OF STATE TALLARIASSEE, FLORIDA

08/20/15--01002--025 ** 25.00

15 AUG 20 PH 2: 48
SECRETARY OF STATE

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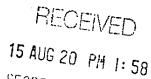
COVER LETTER

TO: Registration S Division of Co			•
SUBJECT: <u>İN</u>	D CAPITAL PA	HETNE BJ, LLC ited Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspondence	ondence concerning this matter	to the following:	
	Dominione	Name of Person	
	IND CAPIT	AL PARTNERS, L	<u> LC</u>
	7928 W.	∂v. #309 Address	
	N. Bay Vil	lay FL 3316 City State and Zip Code	41
	dominiquea E-mail address: (1	ndrouineamal. Co be used for future argual report notif	OM ication)
For further information of	concerning this matter, please ca	all:	
Dominiou	E ANDROUIN of Person	at (786) 282- Area Code Daytime	7124 Telephone Number
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	JING ADDRESS:	STREET/COURING Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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





FLORIDA DEPARTMENT OF STATE LANGE OF STATE Division of Corporations

August 12, 2015

DOMINIQUE ANDROUIN 7928 W DR # 309 N BAY VILLAGE, FL 33141

SUBJECT: IND CAPITAL PARTNERS LLC

Ref. Number: L15000129368

We have received your document for IND CAPITAL PARTNERS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Hamber. 6

Letter Number: 315A00017029

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IND CAPITAL P	PARTNERS ILC			
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability Co. Florida document number <u>L\5000\29368</u>				
	<u>-</u> -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applicable:	5 6			
(Principal office address MUST BE A STREET ADDR	(ESS)			
	- P			
	To is			
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				
registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of the new</u> ress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered	•			
				
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability			
۵	If Changing Registered Agent, <u>Signature of New Registered Agent</u>			

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

Title	<u>Name</u>	Address	Type of Action
MGR	Isaac Shaftal	7928 West Drive #300	1_□ Add
		NORTH BAY VIllage, FL	Remove
		33141	Change
MGR	Dominique Androuin	7928 WEST DRIVE #309	□ Add
	·	NOETH BAY VILLAGE, FL	☐ Remove
		33141	C hange
			
			Remove
			Change
		-	🗆 Add
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