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(Re	equestor's Name)	
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(Document Number)		
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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JUL 1 1 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Co				
INDIE 214 SUBJECT:	LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MATTHEW PERLMAN			
		Name of Person		
	INDIE 214 LLC			
		Firm/Company		7.5
	1314 EAST LAS OLAS B	LVD., #1205	•	16 JUL
		Address		8
	FORT LAUDERDALE, F	L 33301		
		City/State and Zip Code		#1:51
	MPTWO@AOL.COM			ज ह
	E-mail address: (	to be used for future annual report notific	cation)	•
For further information	concerning this matter, please co	all:		
MATT PERLMAN		954 816-3330 at ()		
Name	of Person	Area Code Daytime	Telephone Number	<del></del>
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 F Certificate of S Certified Copy (additional copy in	Status &
	LING ADDRESS:	STREET/COURIE Registration Section		

MAILING ADDRESS: 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Florida Zip Code
гір Соае

## 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	WILLIAM G. HURLMAN	1314 E. LAS OLAS BLVD #1205,	
		FORT LAUDERDALE, FL 33301	Remove
			Change
			Add
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Effective date, if other than the date of filing:	(optional)
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.  Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as
he record specifies a delayed effective date, but not an e The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier $\sigma$
Dated 6/29 2016.	
/	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00