## 1160000 15098

Office Use Only



700327228897

04/08/19--01021--001 \*\*275.00

Amend

APR 1.5 2019

I ALBRITTON

## **COVER LETTER**

	Registration Sec Division of Corp		•	
CHD IEC	INDIE 214 I			
SOBJEC	I	Name of Limit	ed Liability Company	
The enck	osed Articles of z	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter t	o the following:	
		MATTHEW PERLMAN		
			Name of Person	
		INDIE 214 LLC		
			Firm/Company	
		1314 E. LAS OLAS BLVD	., #1205	
			Address	
		FORT LAUDERDALE, FI	. 33301	
		MPTWO@AOL.COM	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	ill:	
MATTHEW PERLMAN		ţ	954 816-3330 at ()	
Name of Person			Area Code Daytime	Telephone Number
Enclosed	I 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)
			emperaco III	Ph ANNDESS.

MAILING ADDRESS:

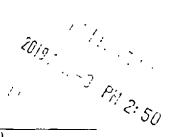
TO:

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 ARTICLES OF ORGANIZATION **OF**



INDIE 214 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flori	ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office address.	gistered office address on our reco	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Register		mp cour
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacity. I I complete performance of my duties, I agent as provided for in Chapter 60, ered office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	MATTHEW PERLMAN	1314 E. LAS OLAS BLVD., #1205, FT. LAUD., FL 33301	
			□ Add
	MATTHEW PERLMAN LIVING TRUST DATED APRIL 24, 2018,	1314 E. LAS OLAS BLVD.,	□ Change
AMBR	C/O MATTHEW PERLMAN, TRUSTEE	#1205, FT. LAUD., FL 33301	■ Add
			□ Remove
			☐ Change
	<del></del>		
÷			Remove
			☐ Change
<del></del>			D Add
			☐ Remove
			☐ Change
			Remove
			Change
<del></del>			
			Remove
			Change

-	<del>.</del>							<u></u>	—
	· · · · · · · · · · · · · · · · · · ·								
									<del></del>
					_				
									—
					_				
<del></del>									
									<del></del> -
	<del>-</del>								
				<u></u>					
	<del></del> -	<del></del> ,							
				. ————				<u></u>	
<del></del> -									
	1 4 25 41	41 41.	6 4711				Contin	anal)	
lan effect Note: If	ive date is listed the date inser	d, the date m ted in this l	ust be specific a	ind cannot be p t meet the ap	plicable statu	liting or more the tory filing requ	an 90 days after	filing.) Pursuant to date will not be	605,0207 listed as
The 9	0th day aft	ter the re	ecord is filed	d.		ective time,	at 12:01 a	.m. on the e	arlier o
Dated _	3		28	· —	<u>(</u>				
		11	124/	/					
			an lex i						
	<del></del>	AA	Signature of	a member or	authorized repr	resentative of a r	nember		_

Page 3 of 3

Filing Fee: \$25.00