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(Re	questor's Name)	· · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Sec Division of Corp		٠.	
SUBJEC	INDIE	107 LLC		
осынс		Name of Limi	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspor	ndence concerning this matter t	to the following:	
•		MATTHEW PERLMAN		
			Name of Person	
			Firm/Company	
		1314 E LAS OLAS BLVD	#1205	
			Address	
		FORT LAUDERDALE FL	. 33301	
		_	City/State and Zip Code	
		MPTWO@AOL.COM		
		E-mail address: (t	to be used for future annual report notification	ition)
For furthe	er information co	oncerning this matter, please ca	ill:	
MATTH:	EW PERLMAN		954 8163330 at ()	
	Name of	Person	at () Area Codc Daytime T	elephone Number
Enclosed	is a check for the	e following amount:		
		<u>-</u>		
■ \$25.0	0 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:

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

ability Company as it now appears on our relorida Limited Liability Company)	ecords.)
ity Company were filed on 3/9/16	and assigned
·	
limited liability company here:	
"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
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DDRESS)	
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Enter Florida street a	ddress
	27) ()
City	, Florida Zip Code
	g: limited liability company here: "Limited Liability Company," the designation : DDRESS) registered office address on our recaddress here:

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>	Address	Type of Action
MGR	MATTHEW PERLMAN	1314 E LAS OLAS BLVD #1205	■ Add
		FORT LAUDERDALE	□ Remove
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effective da	e, if other than the is listed, the date	must be specific a	and cannot	be prior to d		or more than 90 o		g.) Pursuan	
	late inserted in this fective date on the				statutory t	iling requirem	ents, this date	e will not	be liste
record si	pecifies a delay day after the r	yed effective	date, b	out not a	n effectiv	e time, at 1	2:01 a.m.	on the	earlie
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Filing Fee: \$25.00