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COVER LETTER

SUBJECT: _INDIE N	MOOD. LLC		
SOBJECT.	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub- ndence concerning this matter	·	
	EDUARDO MENDOZA		
	·	Name of Person	
	THE ACCOUNTANT CLUB		
		Firm/Company	
	12700 SW 96 STREET		
		Address	
	MIAMI, FL 33186		
	THEACCN@AOL.COM	City/State and Zip Code	
For further information co	E-mail address; (meerning this matter, please ea	to be used for future annual report to	otification)
EDUARDO MENDOZA	-	305 389-0646	
Name of		a1 ()	me Telephone Number
Enclosed is a check for the	e 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)
Registra	NG ADDRESS:	STREET/COUR Registration Sect	

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

TO: i

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIR MOOD, LLC

(Name of the Limited Liability Compar (A Florida Limited L	<u>iv as it now appe</u> iability Company	ars on our records.))		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _	06/26/2017	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	: designation "LLC" or the	abbreviation "L	.l <u>C</u> ."
Enter new principal offices address, if applicable:				SIVIO
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<u> 유뉴</u>
			<u> </u>	- 33 <u>-</u>
			PM 12:	Rejo
Enter new mailing address, if applicable:			_	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			0	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		on our records, <u>ent</u>	er the name	of the nev
Hew registered Office 7 wildess.	Enter Fi	lorida street address		
<u></u>		Florida		
Now Designated Assessing Circumstance in Landing Designation	City		Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance or rovided for in	of my duties, and Lan Chapter 605, F.S. C	n familiar wit Vr. if this doci	h and ment 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>	<u>Name</u>	Address	Type of Action
MGR	SALIM BARAKE	1158 98TH ST, BAY HARBOR IS FL 33154	SLAND ■ Add
			□ Remove
			Change
		 	Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
	- · · · · · · · · · · · · · · · · · · ·	 	
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	8 SE
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	PM
Note	effice date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.
Date	d
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00