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COVER LETTER

TO: Registration Se Division of Cor			
INDIE GRO	OUP LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAWRENCE DESTEFAN	NO	
		Name of Person	
	INDIE GROUP LLC		
	 	Firm/Company	
	3000 HUNTINGTON ST		
		Address	
	ORLANDO, FL 32803		
		City/State and Zip Code	
	law@indieguns.com		
For further information c	e-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
Joe Guillen		407 758-8979 🦂	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDIE GROUP LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{7/8}{2020}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amerding 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
AMBR	RAYMOND VILLAFANE	3150 HARVEST LANE	■Add
		KISSIMMEE, FL 34744	□Remove
			□Change
			□ Add
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record specifies a delayed effective da is filed.	ite, but not an effective ti	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
	2020			
ated JULY 15	· -		C	
JULY 15	nature of a member or author	Swen		

Filing Fee: \$25.00