L20000340404

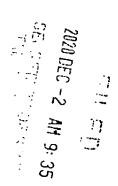
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JAA-1/14/21

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	Indy Craft C	Co. LLC	•	
SUBJEN	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please R	eturn an correspor	Grant Lawrence	to the following.	
		Grant Lawrence		
			Name of Person	
		Indy Craft Co. LLC		
			Firm/Company	
		17808 Cranbrook Dr		
			Address	
		Lutz, FL 33549		
			City/State and Zip Code	
		contact@indycraftco.com E-mail address: (to be used for future annual report notification)		
For furth	ner information co	ncerning this matter, please c		ication)
Grant L	awrence		941 661-1626 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d 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)
	** *** * * * * * * * * * * * * * * * * *		Ca	

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

INDY CRAFT CO. LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on October 27, 2020	and assigned
Florida document number L20000340404		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u> </u>	5. <u>120</u>
		- 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		و
		ယ္
3. If amending the registered agent and/or registered of the control of the new registered office address here:	office address on our records, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code

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 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	Grant Lawrence	17808 Cranbrook Dr Lutz, FL 33549	≣ Add
			□Remove
			□Change
			🗆 🗆 Add
			Remove
			□Change
			□Add
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Note:	re date, if other than the date of filing:
ne recor ord is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	November 25 2020
Dateu	
	Signature of a member or authorized representative of a member