# 113000124973

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
(3.	,	- ··· <b>,</b>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **CORPORATE** ACCESS,

When you need ACCESS to the world

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	INC.	

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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		CERTIFIED COPY					
	xx	РНОТОСОРУ					
		cus				<del>-</del> .	
	хх	FILING	LLC				
1.		NEW FOG, LLC (CORPORATE NAME AND DO	OCUMENT #)			<del></del>	
2.		(CORPORATE NAME AND DO	OCUMENT #)				
3.		(CORPORATE NAME AND DO	OCUMENT #)				
4.		(CORPORATE NAME AND DO	OCUMENT #)				
5.		(CORPORATE NAME AND DO	OCUMENT #)				
6.		(CORPORATE NAME AND DO	OCUMENT #)			·	<u> </u>
	ECIA TRU	L CTIONS:					
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Brian J. Forte
New Fog LLC
5440 Leahy Ln.
New Port Richey FL 34652 brian. forte @ Me. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Brian Forte at (813) 476-0392  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

New tog, LLC	Zu	•
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ं व्य	5
The Articles of Organization for this Limited Liability Company were filed on $9/4/2013$ and Florida document number $L13000124973$ .	assigned C	i 5
This amendment is submitted to amend the following:	7	 
A. If amending name, enter the new name of the limited liability company here:		ኅ ጋ '
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: 5448 Leahy Ln.  (Principal office address MUST BE A STREET ADDRESS)  New Port Richey	FL	- 
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Sew Port Richey F 34652	-L_	.> ~
B. If amending the registered agent and/or registered office address on our records, enter the name of	ew register	red
Name of New Registered Agent:  New Registered Office Address:  Drian to the  5440 Leany Ln.  Enter Florida street address		
New Port Richey, Florida Exp Code	1465	_ <u>ک</u>

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.

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 Title Address **Type of Action** 10012 N. Dale Mabry Hwy #201 DAdd AMBR Brian J. Forte 5440 Leahy Ln. New Port Richey FC □ Change □Remove □ Change ĎAdd □Remove ⊡Remove ∴

2019 DFC 16 PH 1: DR

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Effecti	ve date, if other than the date of filing:	
Note:	If the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed and self-cuive date on the Department of State's records.	:07 (:
	of state of the Department of State's records.	
	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	
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he recomord is fill		
	12-16 2019. Brian ). Ants	