

L17000046335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

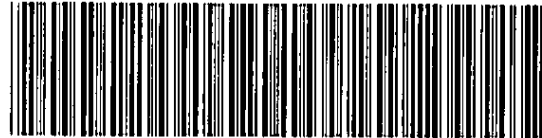
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FORTE FROZEN 185NE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Forte

\_\_\_\_\_  
Name of Person

FORTE FROZEN 185NE, LLC

\_\_\_\_\_  
Firm/Company

3410 La Sierra Ave. #F93

\_\_\_\_\_  
Address

Riverside, CA 92503

\_\_\_\_\_  
City/State and Zip Code

dan.forte@fortefrozen.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Forte

776 559-6350  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FORTE FROZEN 185NE, LLC

Page 1 of 3

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>        | <u>Type of Action</u>                      |
|--------------|--------------|-----------------------|--|
| MGR          | Daniel Forte | 47 Arcturus Ridge Way | <input type="checkbox"/> Add               |
|              |              | Las Vegas, Nevada     | <input type="checkbox"/> Remove            |
|              |              | 89183                 | <input checked="" type="checkbox"/> Change |
|              |              |                       | <input type="checkbox"/> Add               |
|              |              |                       | <input type="checkbox"/> Remove            |
|              |              |                       | <input type="checkbox"/> Change            |
|              |              |                       | <input checked="" type="checkbox"/> Add    |
|              |              |                       | <input type="checkbox"/> Remove            |
|              |              |                       | <input type="checkbox"/> Change            |
|              |              |                       | <input type="checkbox"/> Add               |
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|              |              |                       | <input type="checkbox"/> Change            |
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|              |              |                       | <input type="checkbox"/> Remove            |
|              |              |                       | <input type="checkbox"/> Change            |

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated October 10 2018

  
Signature of a member or authorized representative of a member

Dan Forte

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Typed or printed name of signee