L170000)46335

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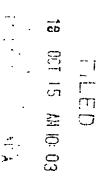
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COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	FORTE FI	ROZEN 185NE, LLC		
			nited Liability Company	<u> </u>
		f Amendment and fee(s) are sub- ondence concerning this matter	-	
ricase re	uni an corresp	Dan Forte	to the following:	
		FORTE FROZEN 185NE	Name of Person	
		3410 La Sierra Ave. #F93	Firm/Company	
		Riverside, CA 92503	Address	
		dan.forte@fortefrozen.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe	r information c	concerning this matter, please ea	all:	
Dan Forte			776 559-6350 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for tl	he following amount:		
\$25.0	0 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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTE FROZEN 185NE, 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 02/27/2017 and assigned Florida document number L17000046335 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.

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ecord specifies a delayed effective date, but none 90th day after the record is filed.	not ar	n effec	tive tir	ne, at 1	2:01 a	.m. on	the ear	lier
October 10								
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Signature of a member or aut	_							

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Filing Fee: \$25.00