# 118000180743

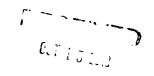
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

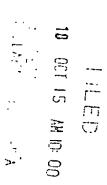
Office Use Only



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OCT 20 2018

### **COVER LETTER**

	tration Section of Corp			
	)B COLD L	rc		
SUBJECT: _		Name of Lim	ited Liability Company	<del></del>
The enclosed /	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		Dan Forte		
			Name of Person	·
		OB Cold LLC		
		3410 La Sierra Ave. #F93	Firm/Company	<del></del>
		Riverside, CA 92503	Address	
		dan.forte@fortefrozen.com	City/State and Zip Code	
		E-mail address: (I	o be used for future annual repo	rt notification)
For further infe	ormation cor	cerning this matter, please ca	ill:	
Dan Forte			776 559-63	50
-	Name of I	Person	Area Code D	Paytime Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fili	ng Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OB COLD LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Organization for this Organization for thi	Company were filed on <u>07/27/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
	<del></del>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		17.00
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	5 1
		至可
		, র
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our re <u>dress here</u> :	ecords, enter the name of the ne
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:

OD COLD LLC

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Daniel Forte	47 Arcturus Ridge Way	
		Las Vegas, Nevada	
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		89183	
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ctive date, if other than ti	ne date of filing:	(optional)
effective date is listed, the date n	iust be specific and cannot be prior to da	te of filing or more than 90 days after filing.) Pursuant to 60
ment's effective date on the	block does not meet the applicable: Department of State's records.	statutory filing requirements, this date will not be lis
ecord specifies a delay	ed effective date, but not an	effective time, at 12:01 a.m. on the earl
e 90th day after the re	cord is filed.	
October 10	2018	
d Colliner To	1	
	_ 1	

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Typed or printed name of signee

Filing Fee: \$25.00