

L19000055807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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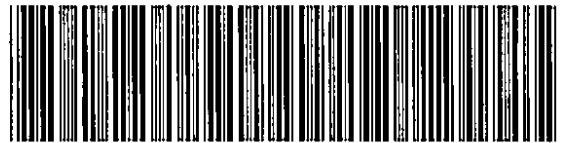
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAY 15 AM 11:52

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MAY 16 2019

T SCHROEDER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Industri Holdings, 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:

Christian Maldonado

Name of Person

Industri Holdings, LLC.

Firm/Company

7901 4th Street STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

christian@quatroholdings.com

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

For further information concerning this matter, please call:

Christian Maldonado

Name of Person

at (775) 200-1434

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Industri Holdings, LLC.

Division (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 02/26/2019 and assigned
Florida document number L19000055807

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~FOGG LABS, LLC~~ FOGG LABS, LLC

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 office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7901 4th St N

STE 300

St. Petersburg FL 33702

The Articles of Organization

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Quatro Holdings, LLC.

P.O Box 891240

Tampa FL 33689

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TALLAHASSEE, FLORIDA

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:

Enter new principal office

(Principal) Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Enter new mailing

(Mailing address)

City

Florida

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.

Name of New Reg

New Registered

If Changing Registered Agent, Signature of New Registered Agent

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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 | Name | Address | Type of Action |
|-------|----------------|-----------------------|---|
| AMBR | Brian McFadden | Quatro Holdings, LLC. | <input checked="" type="checkbox"/> Add |

| | | | |
|--|--|----------------|---------------------------------|
| | | P.O Box 891240 | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

| | | | |
|--|--|-----------------|---------------------------------|
| | | Tampa, FL 33689 | <input type="checkbox"/> Change |
|--|--|-----------------|---------------------------------|

| | | | |
|------|-------------|-----------------------|------------------------------|
| AMBR | Ryan Butler | Quatro Holdings, LLC. | <input type="checkbox"/> Add |
|------|-------------|-----------------------|------------------------------|

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|--|--|----------------|---------------------------------|
| | | P.O Box 891240 | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

| | | | |
|--|--|-----------------|---------------------------------|
| | | Tampa, FL 33689 | <input type="checkbox"/> Change |
|--|--|-----------------|---------------------------------|

| | | | |
|------|-----------------------|-----------------------|---|
| AMBR | Christian A Maldonado | Quatro Holdings, LLC. | <input checked="" type="checkbox"/> Add |
|------|-----------------------|-----------------------|---|

| | | | |
|--|--|----------------|---------------------------------|
| | | P.O Box 891240 | <input type="checkbox"/> Remove |
|--|--|----------------|---------------------------------|

| | | | |
|------|------|-----------------|---------------------------------|
| AMBR | Ryan | Tampa, FL 33689 | <input type="checkbox"/> Change |
|------|------|-----------------|---------------------------------|

| | | | |
|--|--|--|------------------------------|
| | | | <input type="checkbox"/> Add |
|--|--|--|------------------------------|

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| | | | <input type="checkbox"/> Remove |
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| AMBR | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please amend the mailing address for the business to be the following:

Quatro Holdings, LLC.

P.O. Box 891240

Tampa, FL 33689

W. If amending:

Quatro Holdings

P.O. Box 891240

Tampa, FL 33689

W. If amending:

Quatro Holdings

P.O. Box 891240

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

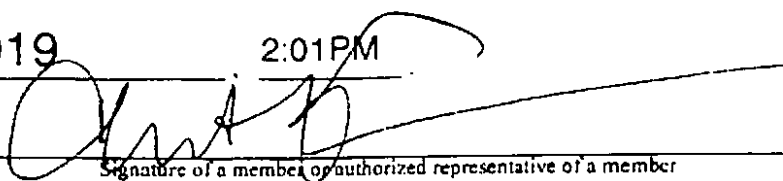
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

(c) The date of filing.

Dated 04/03/2019 2:01PM

Signature of a member or authorized representative of a member



E. Effective date, if other than the date of filing:

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Christian Maldonado

Typed or printed name of signee

(b) The 90th day after the record is filed.

(c) The date of filing.

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Filing Fee: \$25.00