L19000131730

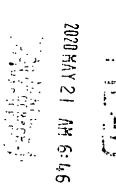
(Re	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor			. ,		
ennic	FGF COLO	ONY LLC - ∜		¥		
SUBJEC	~1: <u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Frank A. Lafalce				
			Name of Person			
		Anthony & Partners, LLC				
			Firm/Company			
		100 S. Ashley Drive, Ste 1	600			
			Address			
		Tampa, Florida 33602				
			City/State and Zip Code			
		flafalce@anthonyandpartne	rs.com to be used for future annual report no	tification)		
For furth	ner information o	concerning this matter, please c				
Frank A	Lafalce		813 273-5616			
	Name o	of Person	at () Area Code Daytii	ne Telephone Number		
Enclosed	d is a check for t	he 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		Street Address:			
	Registration Division of C		Registration Se Division of Co			
	P.O. Box 632	· · · · · · · · · · · · · · · · · · ·	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGF COLONY LLC

company has been notified in writing of this change.

(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 May	y 15. 2019	and assigned
Florida document number L19000131730			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The Foggy Dew LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		da street address	me of the new registere
	, Florida		
	City	, Frorida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of i provided for in C	my duties, and I am Thapter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

11 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
		 -	Remove
			Change
			□Add
			□Remove
			□Change
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			🗆 Add
			Remove
			□ Changa

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 695.0207 (3' Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as the document's effective date on the Department of State's records. 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 cord is filed. Dated May 19 2020 Signature of a member or advonzed representative of a member Frank A. Lafalce			
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	Dated May 19	. 2020	
	N	1 A Cham	
Frank A. Lafalce	S	gnature of a member or appropriated representative of a member	
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