N18000001151

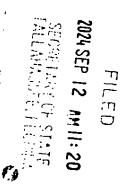
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	Out of the Fog, Inc. ON:					
	N18000007151					
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.				
Please return all correspond	ence concerning this mat	ter to the following:	:			
Alaina Larsen						
		(Name of Contact	Person)		
Out of the Fog, Inc.						
		(Firm/ Compa	any)			_
16023 Stephens						
		(Address))	······································		
Eastpointe, M1 48021						
		(City/ State and Zi	ip Code	:)		_
abaleman666@gmail.com						
I	-mail address: (to be use	d for future annual	report n	otification)	_
For further information con-	cerning this matter, please	e call:				
Alaina Larsen			586 at		217 7163	
	(Name of Contact Person			ea Code)	(Daytime Telephone Number)	_
Enclosed is a check for the	following amount made p	ayable to the Florid	la Depa	rtment of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Out of the Fog, Inc.					
(Name of Corporation as currently filed with the Florida	Dept. of State)				
N18000007151					
(Document Numb	per of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> adopts the	ne follo	wing		
A. If amending name, enter the new name of the corporat	tion;				
		The			
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp.	" or "In	c. "		
B. Enter new principal office address, if applicable:	Alaina Larsen				
(Principal office address MUST BE A STREET ADDRESS	16023 Stephens				
	Eastpointe, MI 48021				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Alaina Larsen				
	16023 Stephens				
	Eastpointe, MI 48021				
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:		2024 SEP			
Nume of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	72	芒		
New Registered Office Address:	(Florida street address)	ли II: 2	Ш П		
	(City) (Zip Code)	Ŏ			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:	ı .			
S.	ignature of New Registered Agent, if changing				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	Ms.	Gloria Whidden	615 Colonial Drive #15 Fort Walton Beach FL 32547
 Remove Change Add 	Mrs.	Karen Renée Thompson	821 Bloomfield Road Sebastopol, CA 95472
Remove 3)	Mrs.	Alaina Larsen	16023 Stephens Eastpointe, MI 48021
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			
			

(n	o more than 90 days after ame	endment file date)	
Effective date if applicable: 09/01/2024			
date this document was signed.			, it outer that the
The date of each amendment(s) adoption:	09/01/2024		if other than the
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			-
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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.

Adoption of Amendment(s) (CHECK ONE)

Ö	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 09/01/24
	Signature W J C L
	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Alaina Larsen
	(Typed or printed name of person signing)
	Officer
	(Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

Out of the Fog, Inc. NAME OF CORPORATION:
N18000007151
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alaina Larsen
(Name of Contact Person)
Out of the Fog, Inc.
(Firm/ Company)
16023 Stephens
(Address)
Eastpointe, MI 48021
(City/ State and Zip Code)
abaleman666@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alaina Larsen 586 217 7163
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$643.75 Filing Fee & □ \$6

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303