

L10 000041135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

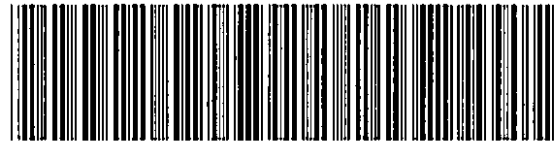
(Business Entity Name)

(Document Number)

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JUL 16 2020

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AUG 27 2020

S. YOUNG

2020 JUL 16 PM 6:23

11:37

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TransAtlantic Business Consulting LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwin N. NCHE  
Name of Person

TransAtlantic Business Consulting LLC  
Firm/Company

4403 Lydia Lane  
Address

Mansfield, Texas 76063  
City/State and Zip Code

enneche@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin N. Nche at ( 817 ) 513 6979  
Name of Person 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

TransAtlantic Business Consulting LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 JUL 16 PM 6:23

The Articles of Organization for this Limited Liability Company were filed on April 16, 2010 and assigned Florida document number 110000041135.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

Suite 103, Tatsa Building, Blvd De La Russie

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

Bastos, Yaounde

Cameroon

**Enter new mailing address, if applicable:**

1201 N. Watson Rd Suite 205

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

Arlington Tx 76006

**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:

235 ESTADO WAY NE

*Enter Florida street address*

SAINT PETERSBURG

*City*

Florida 33704

*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.*

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Loveline NCHE	4403 Lydia Lane	<input type="checkbox"/> Add
		Mansfield TX 76063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

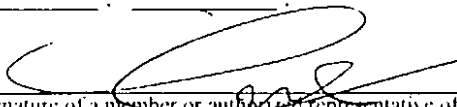
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

Dated July 10 2020

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Signature of a member or authorized representative of a member

Edwin N. NCHE  
\_\_\_\_\_  
Typed or printed name of signer