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COVER LETTER

Division of Corporations								
SUBJECT: MBOK & NOGMISS 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:								
DIDIER MBOK BOUMTJE Name of Person								
MBOK S NOGMISS LLC Firm/Company								
915 NW 15t Ave # 1108								
MIAMI PL 38136 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Person Name of Person Name of Person Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)								

MAILING ADDRESS:

TO:

Registration Section

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

FILED

M Bio K (Name of the Limited	6 A) 0 G Liability Comps Florida Limited	M 155 any as it now appe Liability Company	LCC ars on our re	12 cords.) SE	SEP 10 RETARY LAHASSE	OF STATE E, FLORIDA
The Articles of Organization for this Limited Li Florida document number <u> </u>	iability Company					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited lial	cility company h	<u>ere</u> :			
The new name must be distinguishable and end wit "L.L.C."	R COM h the words "Lim	1 PAN 101 ited Liability Com	pany," the des	? Signation "LL	C" or the ab	obreviation
Enter new principal offices address, if applic	able:	7601	E. Tr	easur	e Dr	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>	NORTH	BAY	VILLA	G E	<u>FC</u> 33141
Enter new mailing address, if applicable:		7601 E	. Treat	Sure Do	?	***
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	NORTH	BAY	JULA	GE p	<u>sc</u> 33141
B. If amending the registered agent and/or the new registered of			our record	ls, <u>enter the</u>	e name of	the new
Name of New Registered Agent:	DIDIE	R MBO	K BOL	MTJE	<u> </u>	
New Registered Office Address:	Address: 7601 E. TROSWE DI #12012 Enter Florida street address					
	NORTH	BM VIII	LLA GE	Florida	3314 Zip Code	<u>l. </u>
New Registered Agent's Signature, if changing I	<u>legistered Agent</u>	<u>:</u>				
Though a second to the second second			•. •	c .1		•.•

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 608, 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

Page 1 of 2

'If amehding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> Name <u>Address</u> **Type of Action** MARCELLIN NOGMISS Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 8t Signatuse of a member or authorized representative of a member BOUMTIE DIDIER MBOK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00