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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)			
(Di	ocument Number)			
Certified Copies	Certificates of	Status		
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A. RIVERS

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COVER LETTER

Registration Section Division of Corporations

HECT: GOGGO DADA CONTRACT & TRADING LLC
Name of Limited Liability Company

- piclosed Articles of Amendment and fee(s) are submitted for filing.
- creturn all correspondence concerning this matter to the following

ABUBAKAR MOITAMMED	
GOGGO DADA CONTRACT & TRADING	LLC
710 LIVE OAK PLANTATION ROAD	
TALLAHASSEE FL 32312 City State and Zip Code abubakar 15618 @ yahoo · Com F-mail address: (to be used for future annual report notification)	

other information concerning this matter, please call:

ABUBAKAR MOHAMMED at (850) 544 8610

Name of Person Daytime Telephone Number

sed is a check for the following amount

: 00 Filmg Fee

☐ \$30,00 Filing Fee & Certificate of Status

☐ \$55.00 Eding Fee & Certified Copy (auditional 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

GOGGO DADA CONTRACTS & TRADING LLC

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

(A Fiorida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 15+ May 2014 and assigned % document number <u>L140000</u> 7-0580 unendment is submitted to amend the following: t amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ir new principal offices address, if applicable: (cipal office address MUST BE A STREET ADDRESS) n new mailing address, if applicable: Ting address MAY BE A POST OFFICE BON) camending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: HAZMUT MIMHARRI Name of New Registered Agent: New Registered Office Address: Enter Florida street address Registered Agent's Signature, if changing Registered Agent: An accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and γ the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 2 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any has been notified in writing of this change.

ranging Registered Agent, Signature of New Registered Agent

aending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added throwed from our records:

TR = Manager BR = Authorized Member

0 21	<u>Name</u>	Address	Type of Action
IEMBER	IBRAHIM M. TUMSAH	Address 710 LIVE OAK PLANTATIO P.D. TALLAHASSEE FL 32312	_ \$\frac{1}{2}\dd
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amending any other informa	tion, enter change(s) i	иеге. тяпасн ааа	шопш <i>эпеен</i> ь, у пес	ess(((),)	
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ective date, if other than the neffective date is listed, the date muster. If the date inserted in this blumment's effective date on the D	ock does not meet the ap	plicable statutory f	iling requirements, thi	is date will not be listed	1207 (3)(I as the
cord specifies a delayed effectiv s filed.	e date, but not an effectiv	ve time, at 12.01 a.i	m, on the earlier of: (I	5) The 90th day after t	the
od MARCH 91	H 2023				
	Angua Signature of a member or :	autho ized representa	tive of a member		
	16uhaka				