

L16000 166948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

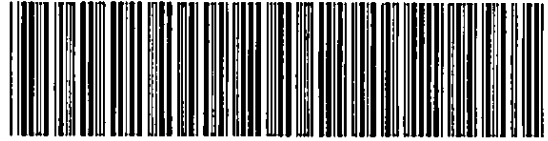
(Business Entity Name)

(Document Number)

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10/25/19--01:01--017 \$25.00

2019 OCT 25 11:01 AM

*Amend*

OCT 25 2019  
FALLS CHURCH

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Africoco Entertainment Group 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:

KWEKU DARFOOR  
Name of Person

AFRICOCO ENTERTAINMENT GROUP LLC  
Firm/Company

100 SE 3rd AVE, 10TH FLOOR  
Address

FORT LAUDERDALE, FL 33394  
City/State and Zip Code

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

For further information concerning this matter, please call:

KWEKU DARFOOR at ( 561 ) 441-2444  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Africoco Entertainment Group LLC

(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 09/7/16 and assigned Florida document number L16000166948.

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 "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 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:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ **Florida** \_\_\_\_\_

*City*

*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>
<u>MGR</u>	<u>KWEKU AFARI DARFOOR</u>	<u>715 NE 6th St, #11</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33304</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MICHAEL O. ADJEY-MOFFAT</u>	<u>10572 SW KELSEY WAY</u>	<input checked="" type="checkbox"/> Add
		<u>PORT SAINT LUCIE, FL 34987</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>KWAKU OBEN-NYARKO</u>	<u>19544 TREC STAND TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>WELLINGTON, FL 33470</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>KWEKU DARFOOR</u>	<u>100 SE 3rd Ave, 10th Floor</u>	<input type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33394</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBRM</u>	<u>KWAKU OBEN</u>	<u>100 SE 3rd Ave, 10th Floor</u>	<input type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33394</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>MICHAEL MOFFAT</u>	<u>100 SE 3rd Ave, 10th Floor</u>	<input type="checkbox"/> Add
		<u>Ft. Lauderdale, FL 33394</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

