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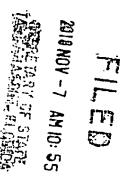
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Α)	Address)	<u> </u>
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## **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT:	NG Pro L Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u>Angelica</u>	Name of Person	···		
	TNG Pro	- LLC Firm/Company			
	75 NE 44	Address Suit	E 5		
	Oakland	Park, FL 3	3334	<b>3 3</b>	
	angelicalest E-mail address:	Lair products a to be used for future annual report notifi	Damail- a	AND NOV -	77
For further information c	concerning this matter, please co	all:		₹ ~	1
Angelica Name o	Kraus of Person	at ( <u>954</u> ) <u>934</u> Arca Code Daytime	- 8040 E Telephone Number	AM 10: 55	(T)
Enclosed is a check for the	he following amount:				
<b>粒</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tailahassee, 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

Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000170106</u> .	were filed on $\frac{04/12/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Charles Global Enterpri  The new name must be distinguishable and contain the words "Limited Liabi	ses LLC
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)	TON TO AN IO
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zin Code
······································	City Zin Coda

## 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> **Address** Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00