

48000253003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

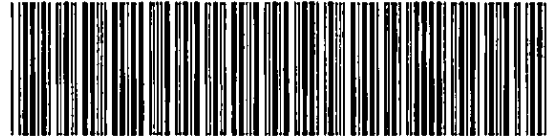
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB 11 AM 9:59  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2019

LENGOI LLC  
DORIS LENGOI INGRAM  
2437 WILLIMETTE DR  
WESLEY CHAPEL, FL 33543

SUBJECT: LENGOI LLC  
Ref. Number: L18000253003

We have received your document for LENGOI LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

We received correspondence on Jan 30, 2019 but the required signature on page 3 of the amendment form is still missing. Please follow the guidance contained in this letter and return your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sterling R Abney  
Regulatory Specialist II

Letter Number: 719A00000397

2019 FEB 11 PM 2:23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lengoi 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:

Doris Lengoi Ingram  
Name of Person

Lengoi LLC  
Firm/Company

2437 Willimette Dr.  
Address

Wesley Chapel FL 33543  
City/State and Zip Code

Lengoi.LLC@Gmail.Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doris Lengoi Ingram at 954 588-9990  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Lengoi 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 10/29/2018 and assigned  
Florida document number L 18000253003

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)

2437 Willimette Dr.  
Wesley Chapel FL 33543

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:

Doris Lengoi Ingram

New Registered Office Address:

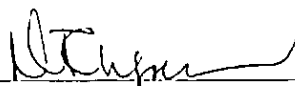
2437 Willimette Dr.

*Enter Florida street address*

Wesley Chapel, Florida 33543  
*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>
	Jemima O. Osei	7105 Elmthorp e way	<input type="checkbox"/> Add
		Hanover, MD 21076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Kofi .w. Osei	7105 Elmthorpe way	<input type="checkbox"/> Add
		Hanover, MD 21076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

F. 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. 20

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or author

Doris Lugo Ingram  
Type or print

Typed or printed name of signee

FILED  
2019 FEB 11 AM 9:59  
TALLAHASSEE, FL