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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 : (888)462-3453

Fax Number : (877)919-2613

Fax Number : (877)919-2613

The three email address for this business entity to be used for future ground report mailings. Enter only one email address please.\*\*

Theil Address:

EFILE1234@INCFILE.COM The email address for this ousiness entity to the season of the season o

EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NGAKO SOLUTIONS LLC

| Certificate of Status | 0       |
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## **COVER LETTER**

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| TO: Registration So<br>Division of Cor |  |   | •   |
|--|--|---|---|
| NGAKO S                                | OLUTIONS LLC                                 |   | <b>4.</b>   |
| SUBJECT:                               | Name of Lin                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filling.   |   |
|  | ondence concerning this matter               | •   |   |
|  | LOVETTE DOBSON                               |   |   |
|  |  | Name of Person  |   |
|  |  | Firm/Company  |   |
|  | 17350 STATE HWY 249                          | STE 220   |   |
|  |  | Address   |   |
|  | HOUSTON, TX 77064                            |   |   |
|  |  |   |   |
|  | EFILE 1234@INCFILE.CO                        | to be used for future annual n  | upor( notification)   |
| For further information c              | oncerning this matter, please c              | all:  |   |
| LOVETTE DOBSON                         |  | nt ! )  | 888-462-3453  Daytime Telephone Number                              |
| Name o                                 | f Person                                     | Area Code   | Daytime Telephone Number  |
| Enclosed is a check for the            | he following amount:                         |   |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>tadditional copy is encla | Certificate of Status & Certified Copy (additional copy) reachesed) |
|  |  |   |   |
| Mailing Address: Registration Section  |  | <u>Street Ad</u><br>Rovistra  | dress:<br>tion Section  |
| Division of Corporations               |  | Division of Corporations  |   |

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TIONS LLC  |  |
|--|--|
| y as it now appears on our records.  (ability Company) | <u>.</u> 1   |
| were filed on 06/08/2023                               | and assigned   |
|  |  |
| lity company here:                                     |  |
| ty Company." the designation "LLC"                     | or the abbreviation "L.L.C."   |
|  |  |
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| ddress on our records, <u>enter t</u>                  | he name of the new registered  |
|  | <u> </u>   |
| Enter Florida street address                           |  |
| Cuy , F101   | Zip Code   |
|  | were filed on 06/08/2023  Bity company here:  Ty Company," the designation "LLC"  Enter Florida street address  Florida street address  Florida street address |

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>                        | Type of Action |
|--------------|-----------------------|---------------------------------------|----------------|
| AMBR         | Laurice Ngako Chamabe | 19937 Sw 7th Place                    |                |
|              |                       | Pembroke Pines, FL 33029              |                |
|              |                       |                                       | Change         |
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| f amending any other information   | a, enter change(s) here: (Attach additi         | onal sheets, if necessary.)  |
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| Dated  | 2024  | ,  |
|  | ignature of a member of authorized representati | g  |
|  | ignature of a member or authorized reprysentati | ive of a member  |
|  | Michel Ngako                                    |  |
|  | Typed or printed name of signee                 |  |

Filing Fee: \$25.00