

M18000002466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

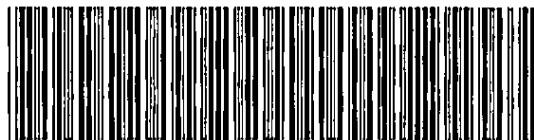
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900391335599

2022 OCT 17 AM 7:45  
FILING OFFICE  
TALLAHASSEE, FL 32310

2022 OCT 17 AM 7:45

07/22/22--01019--020 \*\*\*30.00

OCT 18 2022  
S. PRATHEP

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCGX, LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Missy Kranz

\_\_\_\_\_  
Name of Person

Lone Wolf Investment, LLC

\_\_\_\_\_  
Firm/Company

10800 Lyndale Ave S. #324

\_\_\_\_\_  
Address

Minneapolis, MN 55420

\_\_\_\_\_  
City/State and Zip Code

mkk721@yprotonmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Missy Kranz

\_\_\_\_\_  
Name of Person

at ( 612 ) 532-2595

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2022

LONE WOLF INVESTMENT, LLC  
10800 LYNDAL AVE S, #324  
MINNEAPOLIS, MN 55420

SUBJECT: NCGX, LLC  
Ref. Number: M18000002466

We have received your document for NCGX, 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):

The document number listed doesn't match the name currently on our records.

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 322A00021897

10/17

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

2022 OCT 17 AM 7:46  
FILED  
STATE OF FLORIDA

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NCGX, LLC

Enter new principal office address, if applicable:

10800 Lyndale Ave S, #324

(Principal office address

Minneapolis, MN 55420

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10800 Lyndale Ave S, #324

(Mailing address

Minneapolis, MN 55420

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M18000002466

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 12, 2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: 305 Software, LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

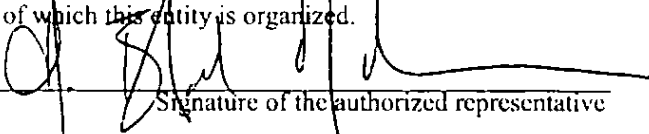
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Lone Wolf Investment, LLC	2614 Tamiami Trail North, #526	<input checked="" type="checkbox"/> Add
		Naples, FL 34103	<input type="checkbox"/> Remove
Mgr	Donald Olah	2614 Tamiami Trail N. #526	<input type="checkbox"/> Add
		Naples, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
Donald Olah, Lone Wolf Investment, LLC member  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

2022 OCT 17 AM 7:46  
FILED  
TALLAHASSEE, FL 32309


**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
NCGX, LLC

2. The Certificate of Formation of the limited liability company is hereby amended  
as follows:

Change the name from NCGX, LLC to 305 Software, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 21 day of June, A.D. 2022.

By:   
Authorized Person(s)

Name: Missy Kranz  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "305 SOFTWARE, LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2022.



  
Jeffrey W. Bullock, Secretary of State

6756454 8300

SP# 20222782148

Authentication: 203747144

Date: 06-23-22