

**Form 424**  
**(Revised 01/06)**

Return in duplicate to  
Secretary of State  
P O Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX 512/463-5709  
**Filing Fee: See instructions**



**Certificate of Amendment**

This space reserved for office use

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**JAN 15 2010**  
**Corporations Section**

**Entity Information**

The name of the filing entity is

For Africa's Future

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a (Select the appropriate entity type below)

- For-profit Corporation
- Nonprofit Corporation
- Cooperative Association
- Limited Liability Company
- Professional Corporation
- Professional Limited Liability Company
- Professional Association
- Limited Partnership

The file number issued to the filing entity by the secretary of state is 801173758

The date of formation of the entity is 9/23/09

**Amendments**

**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is (state the new name of the entity below)---

Ndoto

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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**JAN 15 2010**

**Secretary of State**

Registered Agent  
(Complete either A or B, but not both Also complete C )

A The registered agent is an organization (cannot be entity named above) by the name of

OR

B The registered agent is an individual resident of the state whose name is

First Name MI Last Name Suffix

C The business address of the registered agent and the registered office address is

Street Address (No P O Box) City State Zip Code TX

**3. Other Added, Altered, or Deleted Provisions**

Other changes or additions to the certificate of formation may be made in the space provided below If the space provided is insufficient, incorporate the additional text by providing an attachment to this form Please read the instructions to this form for further information on format

Text Area (The attached addendum, if any, is incorporated herein by reference )

Add each of the following provisions to the certificate of formation The identification or reference of the added provision and the full text are as follows

Alter each of the following provisions of the certificate of formation The identification or reference of the altered provision and the full text of the provision as amended are as follows

Delete each of the provisions identified below from the certificate of formation

**Statement of Approval**



The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity

Registered Number 2912364900025  
01/15/2018 05:00 PM  
STATE OF TEXAS  
TEXAS COMPTROLLER/SECRETARY OF STATE  
PAY TO THE ORDER OF

**Effectiveness of Filing** (Select either A, B, or C)

- A  This document becomes effective when the document is filed by the secretary of state
  - B  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is \_\_\_\_\_
  - C  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is \_\_\_\_\_
- The following event or fact will cause the document to take effect in the manner described below
- \_\_\_\_\_
- \_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument

Date 01-12-10

Allison Schlaach  
Executive Director

Signature and title of authorized person(s) (see instructions)