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COVER LETTER

	Registration Sec Division of Corp				
011010	Deesse Two	la, LLC			
SUBJEC	.T:	Name of Lin	ited Liability Company	······································	
		Amendment and fee(s) are sub	-		
		Sugier Sandrine			
			Name of Person		
		Desse Twolo	Firm/Company	· · · · · · · · · · · · · · · · · · ·	16 APR 17 PM IS
		700 E Dania Beach Blvd #			16 APR 17 PM 12: 49
			Address		P
		Dania, Florida 33004			12: 1
			City/State and Zip Code		49
		E-mail address: (to be used for future annual report notifi	ication)	
For furthe	er information co	neerning this matter, please co	all:		
	Andrew Name of	<u>Sugier</u> Person	~~ \	3179 Telephone Number	
Enclosed	is a check for the	following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		NG ADDRESS: tion Section	STREET/COURIE Registration Section		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deesse Twola, LLC	**	
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on June 4, 2012	and assigned
Florida document number L12000074107	- ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC ALI
(Principal office address MUST BE A STREET ADDRI	ESS)	AP ARET
		7 P SEC
Enter new mailing address, if applicable:		P 110
(Mailing address MAY BE A POST OFFICE BOX)		72
		9 0
B. If amending the registered agent and/or registered agent and/or the new registered office address.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	<u>Address</u>	Type of Action
MGR	Maximilien Vallery-Masson	3804 Sweetleaf Court Brandon, FI	Add
			Remove
			☐ Change
			Remove PR Change PR PR Change PR
			Change
			PH 12: 130 Remove
	•		Remove
			Change
			🗀 Add
			☐ Remove
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			☐ Change

If amonding any other information onto change(s) have (Assalt additional above if accommod)	
). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	605.0207 (3)(b) listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eab) The 90th day after the record is filed.	rlier of:
Dated 05/10/2016	
Signature of a member or authorized representative of a member	P
A 1	
Typed or printed name of signed	-

Page 3 of 3

Filing Fee: \$25.00