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COVER LETTER

Division of Cor				
NOSSTAE				
3011011		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	TWANA L. HENRY			
		Name of Person		
	THE T & T GROUP			
		Firm/Company		
	7401 WILES RD. STE. 34	44		
		Address	<u>ැ.</u>	
	CORAL SPRINGS, FL 33	067	fication) Figure 2: 53	1
	200	7		
	thetntgroup@gmail.com E-mail address: (to be used for future annual report notif	fication) -J -J	ادر. نمست
For further information of	concerning this matter, please co	all:	fication)	
TWANA L HENRY		954 796-0186 OF	ى دىن R 954-873-2833 >	
Name o	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 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)	

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

rappears on our records.) npany)	
on 10/09/2013 and a	ssigned
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y," the designation "LLC" or the abbreviation "	L.L.C."
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nter Florida street address	
, Florida Zip Code	
	ess on our records, enter the name

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>	Address	Type of Action
PRES	RALPH TRESVANT	20035 MARTHA ST	
		WOODLAND HILLS, CA 91367	□ Remove
		(CHANGE TO:)	■ Change
CEO	RALPH TRESVANT	7401 WILES RD. STE, 344	
		CORAL SPRINGS, FL 33067	☐ Remove
			☐ Change
CFO	TWANA HENRY	7401 WILES RD. STE. 344	■ Add
		CORAL SPRINGS, FL 33067	Remove
			☐ Change
MGRM	TRAVIS HENRY	7401 WILES RD. STE. 344	ir la de la com
		CORAL SPRINGS, FL 33067	T Remove
			Change
			□ Remove
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			Remove
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record specifies a delay		ate, but not	an effective	time, at 12:0	1 a.m. d	on the e	arlier (
The 90th day after the r	ecora is filea.						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00