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SECRETARY OF STATE
ALLAHASSEE, FLORID.

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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	TTB Name of Lim	TROIT GRO	DUP LIC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		THIERRY SESSE	<u>, </u>
	FFD	SERVICES LLC	
	19821 NIW	2 nd Avenue,	#381
		City/State and Zip Code	
	E-mail address: (to be used for future unpual report notif	ication)
For further information c	oncerning this matter, please co	ail:	
This cry	Besse	at (<u>954</u>) <u>213 -</u> Area Code Daytime	7259 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 & 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

TTB DETROIT GROUP LLC
(Name of the Limited Liability Company as it now appears on our records.) [(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office 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 S S S S S S S S S S S S S S S S S S
City Florida TO TO TO TO THE COME TO THE T
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>Name</u> Title **Address** Type of Action MGR THIERRY BESSE 19821 NW 2nd AVENUE BANG niami gardens FL ☐ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove _□ Change

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ffective date, if other an effective date is listed, Sote: If the date inserte locument's effective dat	d in this block does r	not meet the app	licable statutory	g or more than 90 tiling requiren	(optiona days after filin nents, this da	l) ig.) Pursuar te will not	nt to 60: t be list	5.0207 ted as
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Dated 09/22	2017, SI	eprember						

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Filing Fee: \$25.00