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S. HAWKES

JUL 2 6 2010

EXAMINER

COVER LETTER

TO: Registra Division	tion Section of Corporations			
SUBJECT:	Detroit Pro	Detroit Progress Fund I, LLC		
		ited Liability Company		
The enclosed Arti	cles of Amendment and fee(s) are sul	omitted for filing.		
Please return all c	orrespondence concerning this matter	to the following:		
, .				
*	<u>.</u>	Edward F Azar		
		Name of Person		
	Detr	oit Progress Fund I, LLC		
K (Firm/Company .		
٠		28860 Kirside Lane		
•		Address		
	Fai	mington Hills, MI 48334		
		City/State and Zip Code		
	info	info@detroitprogress.com E-mail address: (to be used for future annual report notification)		
		·.'		
For further inform	nation concerning this matter, please	call:		
•	Edward F Azar	at (248) 802.4200		
	Name of Person	Area Code & Daytime Telephone Number		
	• •			
Enclosed is a che	ck for the following amount:			
\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Detroit Progress Fund I, 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 ____ 10/15/2009 and assigned L09000099703 Florida document number 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 end with 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

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u> Ťitle</u> <u>Name</u> <u> Äddress</u> Type of Action **MGRM** KAYAYAN, MARIE 6080 QUAKER HILL DR ☐ Add 📝 Remove WEST BLOOMFIFI D ML48322 Jen Gar Properties LLC 6080 QUAKER HILL DR **✓** Add WEST BLOOMFIELD ML48322 Remove Remove \square Add □ Remove \Box Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee