L140000 59485

(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
	,	
(Ci	ity/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2014

ITZHAK HAYON 499 E SHERIDIAN ST #205 DANIA BEACH, FL 33004

SUBJECT: DETROIT EXPRESS LLC

Ref. Number: L14000059485

We have received your document for DETROIT EXPRESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 914A00011104

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: DET	ROIT EXPRESS I	10	
SUBJECT: DEII		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	ltabak zabi Ua	w.o.n	
	Itzhak zahi Ha	Name of Person	
		Name of Person	
		Firm/Company	
	499 E Sherida	an St #205 Address	
	Dania Beach	FL 33004 City/State and Zip Code	
	zahihayon@g	•	
	E-mail address: (to be used for future annual report not	fication)
For further information co	oncerning this matter, please ca	all:	
Itzhak zahi Ha	avon	at (786) 419-69	985
Name of	_ K		ne Telephone Number
Enclosed is a check for th	-		
\$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)
	ING ADDRESS:		IER ADDRESS:
	ation Section on of Corporations	Registration Secti Division of Corpo	
P.O. B	ox 6327	Clifton Building	
i ailana	assee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

DETROIT EXPRESS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL14000059485		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility 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 of registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new
New Registered Office Address:	Enter Florida street address	- 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	, Florida	Transcoded 1
New Registered Agent's Signature, if changing Registered Agent:		Dim 19
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am	familiar with and

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member Type of Action Title ' **Address** Name **MGR** 499 E Sheridan St #205 Itzhak zahi Hayon _**IX** Add Dania Beach FL 33004 ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add Remove Remove □ Add □ Remove

	
Department of State)	ion be more than 70 days and
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nature of a member or authorized representa	tive of a member
nature of a member of authorized representative of a member of authorized representative of authorized	
	re of filing: e prior to date of receipt or filed date and cannot be partment of State) , 2014

Page 3 of 3

Filing Fee: \$25.00

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