41700014398

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S. WARREN

AUG 1 8 2017

COVER LETTER

TO:	Registration Se Division of Cor						
0.110		ITA ST LLC					
Name of Limited Liability Company							
The en	elosed Articles of .	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		ANGEL KENGE					
			Name of Person				
AMERISTAR MANAGEMENT							
Firm/Company							
	302 S MAIN STREET, SUITE 200						
		-	Address				
		ROYAL OAK, MI 48067					
			City/State and Zip Code				
E-mail address: (to be used for future annual report notification)							
			·	(cation)			
For fur	ther information co	oncerning this matter, please co	all:				
ANGE	EL KENGE		248 243-5700				
	Name o	f Person	at ()	Telephone Number			
Enclos	ed is a check for th	ne following amount:					
■ S2	5.00 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

10708 BONITA ST LLC		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
the Articles of Organization for this Limited Liability Colorida document number L17000014398	ompany were filed on 01/18/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
	· · · ·	
. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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>	<u>Name</u>	Address	Type of Action
MGR	SOJEF12 HOLDING LLC	66 RUE JOSEPH DE MAISTRE	Add
		75018 PARIS, FRANCE	Remove
			☐ Change
			
			☐ Remove
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ote: If the date inserted in	this block does n	ot meet the applic	able statutory filing	re than 90 days after requirements, this	filing.) Pursuant to date will not be	605.0207 listed as
ocument's effective date on	the Department	of State's records.				
e record specifies a de	laved effectiv	e date hut no	t an effective ti	me at 12:01 a	m on the ea	rlier o
The 90th day after th			t an enecure a	1110, 00 12.01 0	On the co	iriici o
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Filing Fee: \$25.00