

L170000/4362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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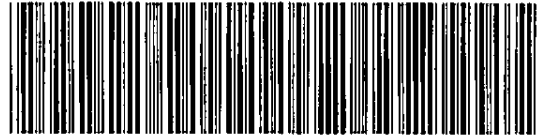
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 16555 Mendota Street LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antoine Gerbe
Name of Person

Ameistar Management
Firm/Company

805 North Andrews
Address

Fort Lauderdale, FL 33311
City/State and Zip Code

JHUFF@ameistarmanagement.com
E-mail address: (to be used for future annual report notification)

RECEIVED

2017 NOV 27 PM 2:57

For further information concerning this matter, please call:

Julie Huff at (248) 243-5700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

* Check already sent
with other LLC charges (from Ameistar Management/Wolke LLC)
→ please call Julie Huff w/questions

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 16521 WOODINGHAM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL KENGE

Name of Person

AMERISTAR MANAGEMENT

Firm/Company

302 S MAIN STREET, SUITE 200

Address

ROYAL OAK, MI48067

City/State and Zip Code

ameristargroupe@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL KENGE

248 243-5700
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

16521 WOOD^NGHAM DR 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 01/18/2017 and assigned
Florida document number L17000014362.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

16555 MENDOTA STREET LLC

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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Zembra Jean-Phillipe	66 Rue Joseph de Maistre	<input type="checkbox"/> Add
		75018 Paris, France	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOSEFIZ Holding	302 S. Main St. Suite 200	<input checked="" type="checkbox"/> Add
		Royal Oak, MI 48067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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☒ Add
☒ Remove
☒ Change
☒ Add

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 NOV 27 AT 2:32

77-100

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11 November, 2017

Signature of a member or authorized representative of a member

Ankhe Gendhe

Typed or printed name of signee