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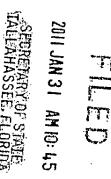
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J. SAULSBERRY EXAMINER

FEB 0 1 2011

COVER LETTER

Division of Co				•		
SUBJECT:	-Coast, LLC		•			
SUBJECT:		ted Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				٠
		Amer Asmar				
		Name of Person			201	
	Palm-Coast, LLC				2011 JAN 3	7
		Firm/Company			3	
	29850 Northwestern Hwy. Ste 200				Ā	
	Address				24 :01 HV	
	Southfield, Michigan 48034				ជា	
	h	City/State and Zip Code masmar@yahoo.com				
	E-mail address: (to be used for future annual report no	tification)			
For further information	concerning this matter, please of	all:				
ai(557-5454				
Name	of Person	Area Code & Dayt	ime Telephone Numbe	r		
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	ite of Sta		osed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, 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**

	Palm-Coas	st, 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 Liabil Florida document number L000000290	03/09/2000 HA	and assigned								
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:										
A. If amending name, enter the new name of the miniou naminty company nere.										
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	e:									
(Principal office address MUST BE A STREET A	stern Hwy. Ste	200								
	Southfield, Michigan 48034									
	•									
Enter new mailing address, if applicable:				<u> </u>						
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>									
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		records, enter t	the name of the new						
Name of New Registered Agent:	Amer Asmar		···							
New Registered Office Address:	4732 North Dale Mabry									
	Enter Florida street address									
_	<u> </u>	Гатра	, Florida	33614						
		City		Zip Code						
New Registered Agent's Signature, if changing Regi	stered 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 yam 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.

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action Address <u>Title</u> <u>Name</u> Mgrm Amer Asmar 29850 Northwestern Hwy, Ste 200 ✓ Add Southfield, Michigan 48034 Remove Membe Julian Mandody ☐ Add Remove Ron Asmar Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated _____ 01/25/2011 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Amer Asmar
Typed or printed name of signee

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS Contact Us E-Filing Services Document Searches Provious on List NoxLon List Return To Lis Entity Name Search No Name History Eyents Submit | **Detail by Entity Name** Florida Limited Liability Company PALM-COAST, L.L.C. Filing Information Document Number L00000002905 alh:0 FEVEIN Number 753003956 Date Filed 03/09/2000 FL. GERNDINE @ 850 24\$ 6030 State ACTIVE Status LC AMENDMENT Last Event PER our phone Event Date Filed 01/31/2011 Event Effective Date NONE Connersation Please Remone Principal Address 29850 NORTHWESTERN HWY SUITE 200 SOUTHFIELD MI 48034 Changed 01/31/2011 RON ASMAR FROM list. Thank you so much. Mailing Address 29850 NORTHWESTERN HWY SUITE 200 SOUTHFIELD MI 48034 Changed 01/31/2011 Registered Agent Name & Address ASMAR, AMER 4732 NORTH DALE MABRY TAMPA FL 33614 US Name Changed: 01/06/2011 Address Changed; 05/09/2001 Manager/Member Detail AMOR ASHINC Name & Address 248 557 5454 OFFICE 248 7051025 CELI Title MGRM ASMAR, RON 4732 N DALE MABRY **TAMPA FL 33614** Title MGRM Hundy : ASMÁR, AMEH 29850 NORTHWESTERN HWY, STE 200 OK SOUTHFIELD MI 48034 **Annual Reports** Report Year Filed Date 200B 01/16/2008 2009 02/02/2009 01/14/2010 2010 **Document Images**