

L/4000/50631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

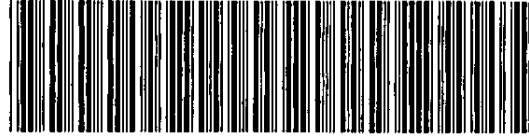
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 AUG 10 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Detroit4 invest 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:

jean louis lenormand

Name of Person

lenormandaccouting pa

Firm/Company

601 w oakland park blvd ste 18

Address

oakland park fl 33311

City/State and Zip Code

lenorjl@yahoo.com

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

For further information concerning this matter, please call:

jean louis lenormand

954 2573033
at ()

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L14000150631

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Page 1 of 3

If amehding 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	Landereethe Line	517 arthur godfrey rd	<input type="checkbox"/> Add
		miamibeach fl 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Cormier Patrick	517 arthur godfrey rd	<input checked="" type="checkbox"/> Add
		miamibeach fl 33140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(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)

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

Dated _____, _____.

✓2

jean louis lenormand

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Filing Fee: \$25.00