

L15000113616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

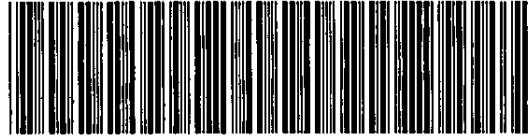
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400284360674

FILED

2016 APR 11 A 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/12/16--01002--030 **25.00

RECEIVED

2016 APR 11 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2016

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DETROIT 7 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 GENDRE

Name of Person

Firm/Company

805 NORTH ANDREWS AVENUE

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

antoinegendre@yahoo.com

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

For further information concerning this matter, please call:

ANTOINE GENDRE

954 530 1337

Name of Person

at (_____) _____
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) |
|--|--|--|--|

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**

DETROIT 7 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 JULY 01, 2015 and assigned
Florida document number L15000113616

FILED
2016 APR 11 A 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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:

805 NORTH ANDREWS AVE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33311

Enter new mailing address, if applicable:

302 SOUTH MAIN ST

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 200

ROYAL OAK, MI 48067

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:

ANTOINE GENDRE

New Registered Office Address:

805 NORTH ANDREWS AVE

Enter Florida street address

FORT LAUDERDALE

City

, Florida 33311

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	LINE LANDEREETHE	517 ARTHUR GODFREY RD	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICK CORMIER	805 NORTH ANDREWS AVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 APR 14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 ADD
 REMOVE
 CHANGE

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

[illegible]

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.

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

Dated APRIL 1ST, 2016

Signature of a member or authorized representative of a member

ANTOINE GENDRE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2016 APR 11 A 10:24
CLERK OF STATE
TALLAHASSEE, FLORIDA