## 10009798

(Red	questor's Name)	
(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:		
(Add	dress)	
(City	y/State/Zip/Phon	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	MAIL	
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Special Instructions to I	Filing Officer:	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
	(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP	

Office Use Only



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FEB 2 3 2016 S. YOUNG

## **COVER LETTER**

TO:		istration Section of Corp					
CUDIE	CT.	DETROIT 10	003 PCFL LLC				
SUBJE	CI;	T:Name of Limited Liability Company					
The enc	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn	all correspond	dence concerning this matter	to the following:			
			IDO SHANY				
Name of Person							
			DETROIT 1003 PCFL LL	С			
Firm/Company 1016 THOMAS DR, UNIT 297							
Address							
			PANAMA CITY BEACH.	FL 32408			
City/State and Zip Code			たら の	4			
			ORI@3ALPHAINVESTMI			音音音	اَوْ اِ
				to be used for future annual report notific	ation)	22	200
For furtl	her in	formation cor	cerning this matter, please ca	ill:			•
IDO SF	IANY	?		850 319-7821 at ()		<u> </u>	٠.
		Name of I	Person	Area Code Daytime 1	l'elephone Number	雪 5	
Enclose	d is a	check for the	following amount:				
□ \$25.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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 1003 PCFL LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on SEPTEMBER 16, 2015	and assigned
Florida document number L15000157798	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address if applicables		
	<u> </u>	≥6 <b>5</b>
[maning unitess MAT BL AT OST OF FICE BOA]		<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name	<del>- 9 - 1</del>	
B. If amending the registered agent and/or regi	stered office address on our records, enter t	
registered agent and/or the new registered office add	dress here:	
		(1) H
Name of New Registered Agent:	3	्ती य
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>	Type of Action
MGR	3 ALPHA INVESTMENTS LLC	1016 THOMAS DR, #297	■ Add
		PANAMA CITY BEACH, FL	□ Remove
		32408	□ Change
AMBR	GERALD SEYMOUR	1016 THOMAS DR, #297	■ Add
		PANAMA CITY BEACH, FL	□ Remove
		32408	□ Change
			Remove A Change T
			22dd PH 2000 P
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			Remove
			Change
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			□ Remove
			□ Change

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E. Effective date, if other than the date of filing:  (Optional)  (If an effective date, if other than the date of filing:  (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 More:  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 Rational Control of the statutory filing requirements are control of the statutory filing requirements. The date will not be 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 Rational Control of the statutory filing requirements. The state of a member of a m		
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<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as t
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	(P) (C)	<u> </u>
	Oth day after the record is filed.	
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ed	FEBIZUA(24 11 . 2016 . )	
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	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00