

UP000107798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

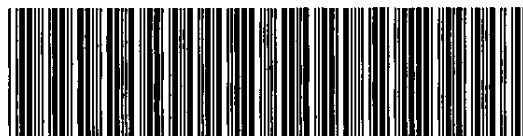
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations,**

SUBJECT: DETROIT 1003 PCFL 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:

IDO SHANY

Name of Person

DETROIT 1003 PCFL LLC

Firm/Company

1016 THOMAS DR, UNIT 297

Address

PANAMA CITY BEACH, FL 32408

City/State and Zip Code

ORI@3ALPHA INVESTMENTS.COM

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

For further information concerning this matter, please call:

IDO SHANY

Name of Person

850
at ()

Area Code

319-7821

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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TALLAHASSEE, FLORIDA

Page 1 of 3

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	3 ALPHA INVESTMENTS LLC	1016 THOMAS DR, #297	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL	<input type="checkbox"/> Remove
		32408	<input type="checkbox"/> Change
AMBR	GERALD SEYMOUR	1016 THOMAS DR, #297	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL	<input type="checkbox"/> Remove
		32408	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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.

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 FEBRUARY 11, 2016

Signature of a member or authorized representative of a member

ORI ASHKENAZI
Typed or printed name of signee

Typed or printed name of signer

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CLERK OF DISTRICT COURT
TAMPA, FLORIDA