

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DETROIT 2L PROPERTIES 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:

MATHIEU LACAILE
Name of Person
DETROIT 2L PROPERTIES LLC
Firm/Company
9425 SW 186TH STREET
Address
CUTLER BAY, FLORIDA 33157
City/State and Zip Code
mathieulacaile@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATHIEU LACAILE at (786) 503-5158
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DETROIT 2L PROPERTIES 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 05/26/2016 and assigned Florida document number L16000102906.

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 "LLC."

Enter new principal offices address, if applicable:

9425 SW 186TH STREET

(Principal office address MUST BE A STREET ADDRESS)

CUTLER BAY, FLORIDA 33157

Enter new mailing address, if applicable:

9425 SW 186TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

CUTLER BAY, FLORIDA 33157

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:

VAULT TAX SERVICE CORP

New Registered Office Address:

1414 NW 107TH AVENUE SUITE 409

Enter Florida street address

SWEETWATER

City

Florida 33172

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	PATRICK LESUR	9425 SW 186TH STREET	<input type="checkbox"/> Add
		CUTLER BAY, FLORIDA	<input type="checkbox"/> Remove
		33157	<input checked="" type="checkbox"/> Change
AMBR	MATHIEU LACAILE	9425 SW 186TH STREET	<input type="checkbox"/> Add
		CUTLER BAY, FLORIDA	<input type="checkbox"/> Remove
		33157	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

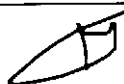
E. Effective date, if other than the date of filing: _____ (optional)

(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 DECEMBER 6 2017


Signature of a member or authorized representative of a member

MATHIEU LACAILE
Typed or printed name of signer

2017 DEC -8 PM 12:43