47000014418

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J. HARRIE

COVER LETTER

TO:	Registration So Division of Cor	ection porations			
cuna		ST AVE LLC			
SUBJ	EC1:	Name of Lim	ited Liability Company	 _	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		ANGEL KENGE			
			Name of Person		
		AMERISTAR MANAGEN	MENT		
	Firm/Company				
	302 S MAIN STREET, SUITE 200				
	Address				
		ROYAL OAK, MI48067			
			City/State and Zip Code		
				(ention)	
For fu	rther information c			(Caron)	
ANGI	EL KENGE		248 243-5700		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	Name of Person AMERISTAR MANAGEMENT Firm/Company 302 S MAIN STREET, SUTTE 200 Address ROYAL OAK, MI48067 City/State and Zip Code ameristargroupe@gmail.com E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: EL KENGE Name of Person Area Code Daytime Telephone Number				
■ S2	25.00 Filing Fee				

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
Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18433 FAUST AVE LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	_1
The Articles of Organization for this Limited Liability Companionida document number $\frac{L17000014418}{L17000014418}$.	y were filed on <u>01/18/2017</u>	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)	_	C) consus
		\$2.50 J
	<u> </u>	2 R 11
nter new mailing address, if applicable:		ος σο ξεπε
Mailing address MAY BE A POST OFFICE BOX)		
Hulling dualess MAT BLAT OST OFFICE BOXY	.,,, -	
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered of		, enter the name of the
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	Address	Type of Action
MGR	SOJEF12 HOLDING LLC	66 RUE JOSEPH DE MAISTRE	
		75018 PARIS, FRANCE	☐ Remove
			■ Change
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
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ffective data if other than the	data of filings		(ont	tional)	
ffective date, if other than the an effective date is listed, the date must be a listed. The date inserted in this becoment's effective date on the E	lock does not meet the a	applicable statutory	or more than 90 days aft filing requirements, th	er filing.) Pursuant iis date will not b	to 605.0207 be listed as
e record specifies a delaye The 90th day after the rec		ut not an effecti	ve time, at 12:01	a.m. on the e	2017
JULY, 20 Pated	2017			2r- 2a 22- 7 1= 2	AUG
	,			S. 2	

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Typed or printed name of signce

Filing Fee: \$25.00