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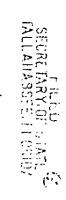
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration S Division of Co			
emp	ELIPSIS D	ETROIT LLC		
SUB.	JEC1:		ited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		YOANN DORAT		
			Name of Person	
		ELIPSIS LLC		
			Firm/Company	
		13234 INKWOOD CT		
		-	Address	
		BOCA RATON, FL 33498	3	
			City/State and Zip Code	
		YOANN@ELIPSISREALT E-mail address: (Y.COM to be used for future annual report not	ification)
For ti	urther information o	concerning this matter, please ca	all:	
YOA	NN DORAT		561 910-4235	
	Name (of Person	Area Code Daytiri	ne Telephone Number
Enclo	osed is a check for t	he following amount:		
5 \$	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

ELIPSIS DETROIT LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
ne Articles of Organization for this Limited Liability Company orida document number $\frac{L17000230230}{L17000230230}$.	were filed on NOVEMBER 7, 2017	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
iter new principal offices address, if applicable:		17 1
incipal office address MUST BE A STREET ADDRESS)		日子
		ري المراجع الم
ter new mailing address, if applicable:		y 5 5
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered of	fice address on our records, enter	the name of the ne
gistered agent and/or the new registered office address here	: :	
Name of New Registered Agent:		
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>	Address	Type of Action
MGR	LESUR PROPERTY INVESTILL	253 NE 2ND STREET SUITE 1200	
		MIAMI, FL 33132	0 11
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			Remove
			Change
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	be specific and cannot be prior to date of filing or more ack does not meet the applicable statutory filing re	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective timord is filed.	e, at 12:01 a.m. on the earlier of
NOVEMBER 28	2017	
valeu		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00