## 120000002795

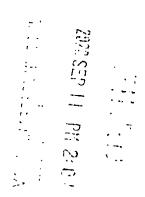
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	Detroit 150	17, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Guillermo Suarez		
			Name of Person	
			Firm/Company	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
		PO BOX 490045		
		Key Biscayne, Fl 33149	Address	
		tiw4352@aol.com	City/State and Zip Code	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
r	c		to be used for future annual report not	lification)
Guillermo Su		oncerning this matter, please c	786 295-3169	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	istration S istration S ision of C . Box 632 ahassee, F	section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Detroit 15017, LLC.

he Articles of Organization for this Limited Liability Compar	y were filed on 12/20/2019	9 and assigned
lorida document number L20000002795	y were fried on	und using ned
This 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 Lia	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		SE
Principal office address MUST BE A STREET ADDRESS)		
		72
		2
inter new mailing address, if applicable:		
• • • •		
Mailing address MAY BE A POST OFFICE BOX)	PO BOX 490045	<u> </u>
	Key Biscayne, Fl 33149	)
. If amending the registered agent and/or registered office	Key Biscayne, Fl 33149	)
s. If amending the registered agent and/or registered office gent and/or the new registered office address here:	Key Biscayne, Fl 33149 e address on our records.	, enter the name of the new register
8. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	Key Biscayne, Fl 33149	enter the name of the new registered
8. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:	Key Biscayne, Fl 33149 e address on our records.  Enter Florida stree	enter the name of the new registered address
	Key Biscayne, Fl 33149 e address on our records.  Enter Florida stree	enter the name of the new register

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	Luis Toledano	20050 W. Ballantyne Ct GPW, MI 48236	<b>=</b> Add
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			□Change
			🗆 🗅 Add
			□Remove
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tive data if ather than the date of filings	(antional)
ctive date, if other than the date of filing:  Hective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	filing requirements, this date will not be listed
ment of the time and on the Boparthelit of State of Leonal.	
ord specifies a delayed effective date, but not an effective time, at 12:01.	a m. on the earlier of: (b). The 90th day after
filed.	ann on the carrier on (b) The your day after
$\frac{1}{2}$	
Signature of a member of authorized represen	

Filing Fee: \$25.00