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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

U.S. Condo Exchange, 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:

John Menezes

Name of Person

U.S. Condo Exchange, LLC

Firm/Company

2801 SW 31st Avenue, Suite 2B

Address

Coconut Grove, Florida 33133

City/State and Zip Code

john@condo.com

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

For further information concerning this matter, please call:

John Menezes

305,231-5000

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

FILED 2013 FEB 11 PM 4: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

U.S. Condo Exchange, 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 Lie | ability Company were filed on Septe | mber 13, 2004 | _ and assigned |
|--|---|------------------------|------------------------|
| Florida document number L0400067122 | · | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability company here: | | |
| The new name must be distinguishable and end with "1.1C." | the words "Limited Liability Company," | " the designation "LLC | C" or the abbreviation |
| Enter new principal offices address, if applica | ıble: | | |
| (Principal office address MUST BE A STREET | T ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE E | 30X) | | |
| | | | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | r registered office address on our ice address here: | records, enter the | name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter 1 | Florida street addres | S. |
| | City | , Florida | Zip Code |
| | City | | ey cour |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> Sally Robinson-Burke **MGR** 7095 W Tula V Add Tucson, AZ 85743 1821 W. Morse Drive William Whelpley MGR Anthem, Arizona 85086 49 Island Pond Road John White MGR Dracut, Massachusetts 01826

| D. If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| Dated | January 11th. 2013/ |
| | - and |
| | |
| | Signature of a member of authorized representative of a member |
| | Richard Swerdlow |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

FILED

2013 FEB 11 PH 4: 25

SECRETARY OF STATE