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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Mr. Zaman Said we have Pennission to charge In to Lice 5/14/1945
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2019

MALIK ZAMAN USA INVESTORS RESIDENCY REALTY LLC 4440 PGA BLVD, SUITE 600 PALM BEACH GARDENS, FL 33410

SUBJECT: CHOICE 1 REALTY INC. Ref. Number: W19000045739

We have received your document for CHOICE 1 REALTY INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 919A00009421

Stacy Prather Regulatory Specialist III

COVER LETTER

TO:	Registration Se Division of Cor			
ou in i		JSA Investors Residency Re	ealty LLC,	
SORI	IECT:	Name of Lim	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Malik Zaman		
		USA Investors Residency I	Name of Person Realty LLC,	
		4440 PGA, Boulevard, Suit	Firm/Company t #600	
		Palm Beach Gardens, Flori	Address ida, 33410	
		malikzaman41@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For fu	rther information c	oncerning this matter, please ca	all:	
Malik	. Zaman		561 729-6202	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
≅ \$2	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 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA Investors Residency Realty LLC,		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 03/25/2013	and assigned
Plorida document number L13000044975		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Choice 1 Realty:		
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "L	LC" or the abbreviation "L'L.C."
Enter new principal offices address, if applicable:	N/A	题三届
Principal office address MUST BE A STREET ADDRESS)		
		意思る
Enter new mailing address, if applicable:	N/A	·
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		rds, enter the name of the
Name of New Registered Agent:		
raine of New Registered Agent.		
New Registered Office Address:	Enter Florida street add	ress
	City	Florida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Remove
			Add
			☐ Remove
			☐ Change
			Add Remove
			F Ti
			☐ Remove
			Change
			☐ Add
			☐ Remove
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affective date, if othe	r than the date o		2015		(optional)		
Fan effective date is listed, Note: If the date inserte locument's effective da	ed in this block doe	s not meet the a	pplicable statuto				
e record specifies The 90th day afte			t not an effe	ctive time, at 12	2:01 a.m. on th	ne earlie	er of
. 04/20/2019							
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee