L20000369599

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COVER LETTER

SUDIECT.	USAT Realty				
SUBJECT:		Name of Limi	ited Liability Company		·
The enclosed	l Anicles of A	mendment and fec(s) are sub-	mitted for filing.		
Please returr	all correspond	lence concerning this matter	to the following:		
		Shiran Clarfield			
			Name of Person		
		USAT Realty LLC			
Firm/Company					
		1112 Briercliff dr			
	Address				
		Orlando FL 32806			
			City/State and Zip Code		
		usatrealty@gmail.com			
		E-mail address; (t	o be used for future annual r	report notification)	
For further in	nformation con	cerning this matter, please ca	all:		
Shiran Clarf	ield		407 912 at ()	8251	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	a check for the	following amount:			
□ \$25.00 I	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is encl		\$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

Registration Section
Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USAT Realty		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our record ability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Company we Florida document number L20000369599	were filed on 11/23/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		20 0
		E n
		17
Enter new mailing address, if applicable:		· PR D
Mailing address MAY BE A POST OFFICE BOX)		. ယ့
1		30
3. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	ldress on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	xx
	ធា	orida
	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>	<u>Address</u>	Type of Action
MGR	ALINA CHARHALASHVILI	6210 ORANGE COVE DRIVEORLANDO, FL 3	2819 □Add
			Remove
			□Change
			□Add
			□Remove
			202□Change DEC F
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		<u> </u>	F ☐ Remove
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			Change

If amending any other informat	tion, enter change(s) her	e: (Attach additional sheets	, if necessary.)
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior ock does not meet the applic	r to date of filing or more than 90 c cable statutory filing requireme	lays after thing.) Pursuant to 605.0207
e record specifies a delayed effective rd is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
December 9th	2020		-
	· · · · · · · · · · · · · · · · · · ·		
	Signature of a mumber or with	orized representative of a membe	
	Signature of a memoer or auth	orized representative of a membe	ī
Shiran Clarfield		7	

Typed or printed name of signee