44000 184128

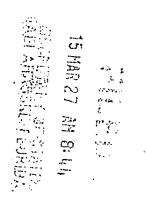
| (Re | questor's Name) | |
|-------------------------|--------------------|------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000271090990

03/27/15--01007--020 **25.00



A MARTINE APR 1 & 2015

COVER LETTER

| | gistration Section of Corp | | | |
|-----------------------------------|----------------------------|---|---|--|
| SUBJECT. | United Sta | ates Properties, LLC | | |
| Name of Limited Liability Company | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | William Roberts | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 85 Audubon Road | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | Wellesley, Massachi | usetts 02481 | |
| | | | City/State and Zip Code | |
| | | billroberts@usa.asso | | |
| | | E-mail address: (t | o be used for future annual report notifica | ition) |
| For further is | nformation co | ncerning this matter, please ca | all: | |
| William 1 | Roberts | | 781 235-7500 | |
| | Name of | Person | Area Code Daytime To | elephone Number |
| Enclosed is | a check for the | e following amount: | | |
| ■ \$25.00 E | 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

| United States Properties, LLC (Name of the Limited Liability Compa (A Florida Limited) | any as it now appears on our records.) Liability Company) | | |
|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000184128</u> . | were filed on 12/04/2015 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| The new name must be distinguishable and end with the words "Limited Liab | oility Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 403 S Sapodilla Avenue PH1-5 | | |
| (Principal office address MUST BE A STREET ADDRESS) | West Palm Beach, FL 33401-5773 | | |
| | United States of America | | |
| Enter new mailing address, if applicable: | 35 Harvestwood Lane | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Mansfield, Massachusetts 02048-3086 | | |
| | United States of America | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | | | |
| | City Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | |

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|-------------------------------------|----------------|
| MGR | Elizabeth D Soto | 35 Harvestwood Lane | Add |
| | | Mansfield, Massachusetts 02048-3086 | □ Remove |
| | | United States of America | |
| MGR | USA Associates, LLC - | 364 East Main Street, Suite 361 | □ Add |
| | Series 42019 | Middletown, Delaware 19709 | Remove |
| | | United States of America | |
| MGR | USA Holdings, LLC - | 364 East Main Street, Suite 361 | □ Add |
| | Series 42336 | Middletown, Delaware 19709 | ■ Remove |
| | | United States of America | _ |
| AMBR | Hossein Poursina | 5418 Yonge Street | □ Add |
| | | Toronto, ON M2H-2-X6 | Remove |
| | | Canada স্কুট্ | FAR 2 |
| AMBR | Gaynor Kay-Lok Wong | 31 Harrington Crescent | EAdd Fig. |
| | | Toronto, ON M2M-2-Y6 | © Remove |
| | | Canada | _ |
| | | | 🗆 Add |
| | | | _□ Remove |
| | | | |

| It amending any other information, | enter change(s) here: (Attach add | ditional sneets, if necessary.) |
|---|---|---|
| 1 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Effective date, if other than the date (The effective date must be specific, cannot be a the date this document is filed by the Florida I | rior to date of receipt or filed date and can | (optional) not be more than 90 days after |
| Dated March 13 | 2015 | |
| m | , | |
| Signa | ture of a member or authorized representa | ative of a member |
| William Roberts | | |
| | Typed or printed name of signs | e |

Page 3 of 3

Filing Fee: \$25.00

