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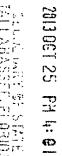
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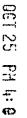
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COVER LETTER

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
V.S. CONDO EXCHANGE HC
2801 SW 31 STAVE. #28
COCONUT GROVE FL 33/33
TOHN @ CONDO. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BARBARA ROSENBERG at (305 476- 2096 Some Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 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

11.5 CONOC	EXCHANGE LLC ility Company as it now appears on our records.)	-
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 9/13/200	and assigned
This amendment is submitted to amend the following	<u>z</u> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the L.L.C."	words "Limited Liability Company," the designation	"I.C." or the abbreviation
Enter new principal offices address, if applicable:		The same
(Principal office address MUST BE A STREET AL		Mil of Fin
		50 m
Enter new mailing address, if applicable:		Ģ≓ ≘
		<u></u>
(Mailing address MAY BE A POST OFFICE BOX		***************************************
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	daress
	Florida _	
	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 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 <u>Title</u> **Address Type of Action** MGR DUKE KIMHAN 1888 KALAKAUA AVE. DAdd # C-912 Remove HONOLULU, HT 96815 MGR STEPHEN OZIMEC 1888 KALAKAUA AVE. WAD # C-312 Remove HONOLULU, HI96815 Remove Remove

Remove

O. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	10/11/13
	Signature of a member or authorized representative of a member RICHARD SWERD LOW Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

age 3 of 3

Filing Fee: \$25.00

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