## 109000062767

(Re	questor's Name)	<u></u>
(Ad	dress)	
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T. BROWN

## COVER LETTER

TO: Registration Section
Division of Corporations

Tal Real Estate Holdings 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:

Name of Person

US-IL Holdings LLC
Firm/Company

462 Golden Isle Drive Unit 111

Address

Hallandale Beach FI 33009

City/State and Zip Code
shtrull@yahoo.com

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

For further information concerning this matter, please call:

Izak Shtrull

..954, 2134909

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

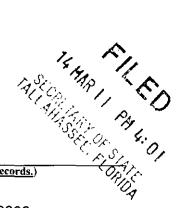
□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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



Tal Real Estate Holdings,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 Liability Company vi Florida document number L09000062767	vere filed on June 29 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Landrich Property D.L.E Florida Investment 701 LLC	,	
The new name must be distinguishable and end with the words "Limited Liability	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	r/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	J/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:	/ <sub>A</sub>	
New Registered Office Address:		
	Enter Florida street address	
		9
	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 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
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			□ Remove
			□ Remove
	/	,	
	~/ <sub>+</sub>	4	Add
			Remove
			□ Add
			Remove
<del>_</del>			□ Add
			□ Remove

A amending any other information, enter change(s) here: {Amach	
~ / <sup>3</sup>	
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Page 3 of 3

Filing Fee: \$25.00