## L10000003181

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FEB **2 5**, 2010

**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: US IL I	PROPERTIES, LLC		
		ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	PAZ SHOHAM, EA		
		(Name of Person)	
	HLBC		
		(Firm/Company)	
	2320 Hollywood BLVD		
		(Address)	
	Hollywood, FL 33020		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Paz Shoham		at ( 954 ) 921 4600 x 227	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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

US IL PROPERTIES, 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 were filed on 01/11/2010 and assigned Florida document number L10000003781 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street addit Florida (City)

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.

New Registered Agent's Signature, if changing 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>	<u>Name</u>	Address	Type of Action
MGRM	Charles Chaim Bitton	4841 PEMBROKE ROAD HOLLYWOOD FL 33021	Add Remove
			AddRemove
<del></del>			Add Remove
<del></del>	·		Add Remove
			Add Remove
D. If amendi ——	ng any other information, enter c	hange(s) here: (Attach additional sheets, if neces	ssary.)
_			
Dated Feb 09		009	10 FEB SECRET
-	/ /	ember or authorized representative of a member	24 PM ARY OF
_	ROÝ SHRIKI T	yped or printed name of signee	3:20 3:20 STATE CORIDA
		Page 2 of 2	

Filing Fee: \$25.00