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JUL - 9 2010

EXAMINER

2018 JUL -8 MM (D) 48
SECRETARY OF STATE

COVER LETTER

TO: Registration Secti Division of Corpo						
SUBJECT: US	IL Propertie	s Llc				
	Name of Limite	ed Liability Company	/			
				•		
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.				
Please return all correspond	lence concerning this matter t	o the following:		•		
•	Cho	Name of Person	tton.			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	<u>us Il</u>	Properties Firm/Company	s LIC.	- i		
	4841	Pembroke Address	Road.			
	- Hollyu	City/State and Zip Co	<u> 330 L 1.</u>	<u> </u>		
- ,	E-mail address: (to	City/State and Zip Co	dal report notification	ربر (n)		
For further information con	cerning this matter, please ca		•	·	As M	
	Bitton.	at (954)	964-640	é 1.	SECRE TARY	
Name of P	erson	Area C	Code & Daytime Tele		-8 SSEE	[9 manual 1 manual
Enclosed is a check for the	following amount:				OF STATES	ا الله الله الله الله الله الله الله ال
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing For Certified Copy		\$60.00 Filin Certificate Certified (gee; for Status &	
		(additional co	y is eliciosed)		copy I copy is encio	sed)

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

U.Sil Pa	Opporties	((C-			
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	——————————————————————————————————————		
The Articles of Organization for this Limited Liability (Florida document number	· · ·	111110.	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here	:			
The new name must be distinguishable and end with the wo	rds "Limited Liability Compan	y," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:			t		
(Principal office address MUST BE A STREET ADD	RESS)		SEC SI		
			AR E		
			ARY SSS		
Enter new mailing address, if applicable:			End III		
(Mailing address MAY BE A POST OFFICE BOX)			59 6		
			ATE RIDA		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ır records, <u>enter</u>	the name of the new		
Name of New Registered Agent:			M. Maria		
New Registered Office Address:					
	Ente	er Florida street ad	ddress		
***************************************	·····	, 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 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>Address</u> **Name Type of Action** ☐ Add Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Charles Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00