## L10000054858

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO:	Registration Se Division of Cor			•	
SUBJI					
SUBJECT: US IL 018 LLC  Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			ROY S SHRIKI		
US			IL PROPERTIES LLC Firm/Company		
4700 SW 51st Street Suite 205 Address				05	
	Davie FL 33314  City/State and Zip Code				
	ROY@USILPROPERTIES.COM				
For fur	ther information c	E-mail address: (1 oncerning this matter, please c	o be used for future annual report all:	notification)	
	BC	OY S SHRIKI	. 054	964-6461	
		f Person	at (_954 ) Area Code & Di	sytime Telephone Number	
Enclos	ed is a check for the	ne following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: Pation Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

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US IL 0		·		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	5/21/2010	and assigned	
Florida document numberL10000054858				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	4700 SW 51st Street Suite 205			
(Principal office address MUST BE A STREET ADDRESS)	DAVIE FL 33314			
Enter new mailing address, if applicable:	4700 SW 51s	t Street Suite 205	i	
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE FL 33314			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	ter Florida street add		
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

**Title** Name 1 **Address** Type of Action CHALOM C BITTON MGR 4700 SW 51st Street Suite 205 DAVIE FL 33314 Remove MGRM US IL PROPERTIES LLC 4700 SW 51st Street Suite 205 Remove DAVIE FL 33314 \_\_\_\_\_ MGRM IDO DRORY 4700 SW 51st Street Suite 205 DAVIE FL 33314 ☐ Remove ☐ Add Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04/14 2011 Dated \_ Signature of a member or authorized representative of a member ROY S SHRIKT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00