## 4000006/523

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

AUG - 2 2010

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	us IL 019 L/C.
	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Roy Shriki Name of Person
	US IL Properties LIC.
	4841 Pembroke Rd.
	Hollywood FL 33021 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Roy Shviki at (154) 964-6461-  Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
	5.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 019L1C.		
(Name of the Limited L (A F	iability Company as it now appe Torida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab	bility Company were filed on 523	06/09/2010.	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of (	the limited liability company h	ere:	·
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>		SECRETARY OF ST VISION OF CORPORE
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address or ice address here:	our records, <u>enter th</u>	e name of the New
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ess
<del>-</del>	· • · · · •	. Florida	
	City	, Floriua	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> <u>Name</u> **Address Type of Action** MGRM. USIL Properties LIC.
MGRM. Boaz Itzhak. ☐ Add Remove Add Remove Add 🗌 Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00