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DEC -8 2010

EXAMINER



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12/07/10--01008--021 **25.00

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SECRETARY OF STATE AND SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			•		
SUBJECT:	US	IL 032 LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	ROY S SHRIKI				
Name of Person					
US IL 032 LLC					
Firm/Company					
4841 PEMBROKE RD					
Address					
HOLLYWOOD FL 33021					
City/State and Zip Code					
	ROY@USILPROPERTIES.COM E-mail address: (to be used for future annual report notification)				
For further information c	oncerning this matter, please c		nonnearon)		
	Y S SHRIKI	at (954)	964-6461		
Name o	f Person	Area Code & Da	aytime Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 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)		

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	3 IL 032 LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Co	07/29/2010	and assigned		
Florida document numberL10000079870	_··			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	re:		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Comp	oany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·	1	
Enter new mailing address, if applicable:			₹ 1 1 1 mm	
(Mailing address MAY BE A POST OFFICE BOX)				
			52 52	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, enter t	he name of the new	
	*			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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 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> Name 1 **Address** Type of Action OFIR R GAMLIEL MGRM 4841 PEMBROKE RD **✓** Add HOLLYWOOD FL:33021 Remove ☐ Remove ☐ Add ☐ Remove □Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 12/2 2010 Dated _____ Signature of a member of authorized epresentative of a member ROY SÆHRIKI Typed or printed name of signee

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Filing Fee: \$25.00