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T. HAMPTON APRIL 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo					
SURIECT:	USI	IL 034 LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	bmitted for filing.			
Please return all correspond	lence concerning this matter	r to the following:			
	ROY S SHRIKI				
Name of Person					
USIL PROPERTIES LLC					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
4700 SW 51 STREET SUITE 205					
Address					
_		DAN//E EL 00044			
•	DAVIE FL 33314 City/State and Zip Code				
	ROY@USILPROPERTIES.COM				
•	E-mail address: (1	to be used for future annual report n	otification)		
For further information con-	cerning this matter, please c	call:			
ROY	S SHRIKI	at (_954)	964-6461		
Name of Po		Area Code & Day	time Telephone Number		
Enclosed is a check for the t	following amount:				
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enc		

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

TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF

US IL 034 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 Florida document numberL10000079882	were filed on 07/29/2010 and as				
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 "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the				
Enter new principal offices address, if applicable:	4700 SW 51 STREET SUITE 205				
(Principal office address MUST BE A STREET ADDRESS)	DAVIE FL 33314				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4700 SW 51 STREET SUITE 205 DAVIE FL 33314				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zip Coa				

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 com, the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia. accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this doc. being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil 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 eat or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type (
MGRM	SHAY LEVIAN	4700 SW 51 STREET SUITE 205 DAVIE FL 33314	Adı Rer
			Ada Rer
			Ada Rer
			Ada Rer
			Add Ren
			Add Ren
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	11 APR -8
_			B 7H 12: 28
Dated	04/04 ,	2011	_
	Signature of a w	nember of authorized representative of a member	
	Signature of a fi	ROY S SHRIKI	
		Typed or printed name of signee	
		Dago 2 of 2	

Page 2 of 2

Filing Fee: \$25.00