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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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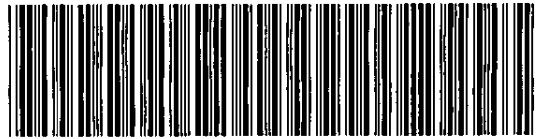
(Business Entity Name)

(Document Number)

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OCT 18 2016
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TALLAHASSEE, FLORIDA
16 OCT 18 PM 4:41

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: US UPREIT Management, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris T. Delaney

Name of Person

US UPREIT Management, LLC

Firm/Company

2233 W Ocean Oaks Circle

Address

Vero Beach, Florida 32963

City/State and Zip Code

cdelaney@TCCapitalTrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris T. Delaney

914 525-0250
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

US UPREIT Management, 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 were filed on 06/30/2016 and assigned
Florida document number L16000125401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

U. S. Real Estate Management, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

900 S.W. 9th Street Circle

Suite # 105

Boca Raton, FL. 33486

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 Nina Lane

White Plains, NY 10605

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FLORIDA
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Chris T. Delaney	Treasure Coast Capital Trust, Co.	<input type="checkbox"/> Add
		Vero Beach, FL. 32963	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Larry A. Stempler	LASCO Group, LLC	<input checked="" type="checkbox"/> Add
		West Caldwell, New Jersey 07006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ricki Barbarosh	WAGER H.S., LLC	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angelo Zingaro	Angelo Zingaro Associates LLC	<input checked="" type="checkbox"/> Add
		Morristown, NJ 07960	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA
16 OCT 18 PM 4:41

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 1, 2016

Signature of a member or authorized representative of a member

Chris T. Delaney

Typed or printed name of signee