## 118000153535

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	<del></del>
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## COVER LETTER ~

Div	ision of Corp	orations		
SUBJECT:	US DEVELO	OPMENT GROUP LLC		
., ., ., ., ., ., ., ., ., ., ., ., ., .		Name of Limi	ted Liability Company	
The enclosed	I Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		SON VO		
			Name of Person	
			Firm/Company	
		2301 COLLINS AVE #81	9	
		MIAMI BEACH, FLORID.	Address A 33139	
		cvo118@aol.com	City/State and Zip Code	
		E-mad address: (t	o be used for future annual report noti-	ication)
For further i	nformation co	ncerning this matter, please ca	ili:	
CONG VO			305 773-4820	
	Name of	Person	Area Code Daytino	e Telephone Number
Enclosed is:	a check for the	following amount:		
<b>■</b> \$25,00 F	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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 DEVELOPMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

donas document number =	
Horida document number L18000153535	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRI	ESS) $\sim$
	A 00 00 00 00 00 00 00 00 00 00 00 00 00
	<b></b>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or register</li> </ol>	ered office address on our records, enter the name of th
B. If amending the registered agent and/or registeredistered agent and/or the new registered office addroses and the new registered of the new Registered Agent:	
registered agent and/or the new registered office addr	ess here:
Name of New Registered Agent:	Ener Florida street address
Name of New Registered Agent:	Ener Florida street address
Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	CONG VO	2301 COLLINS AVE #819	<b></b>
<del></del>		MIAMI BEACH, FLORIDA	<b>=</b> Add
		33139	☐ Remove
			Change
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fective date, if other than the d	late of filing:	(optional)	
in effective date is listed, the date must	be specific and cannot be prior to date of ek does not meet the applicable stati	filing or more than 90 days after filing.)	Pursuant to 605.02 will not be listed
scument's effective date on the Dep			
record specifies a delayed The 90th day after the reco	effective date, but not an eff rd is filed.	fective time, at 12:01 a.m. o	on the earlier
AUGUST 24	2018		
101	P		
. , , ,	Signature of a member or authorized repr		

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Filing Fee: \$25.00