# L18000292135

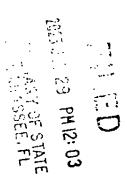
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| Special Instructions to f | Filing Officer:   |             |
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## THOMAS J. PALMIERI, P.A.

Law Offices

340 Minorca Avenue Suite One Coral Gables, Florida 33134 Telephone: (305) 441-9021 Telefax: (305) 441-9217 207 Beverly yourt Melbourne Beach, FL 32951 Email 1:palmierilawo gmail.com Email 2:tom4 tomatitle.com Thomas J. Palmieri, Esq. Mabel C. Cardona, Paralegal

**Reply to Coral Gables** 

March 4, 2010

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: US Real Estate Enterprises of Florida, LLC Amendment to Articles

#### Gentlemen:

Enclosed you will find cover letter and completed form and copy, for the purpose of amending the Articles of Organization for the above Florida limited liability company.

Also enclosed is my check in the amount of \$60.00 to cover the cost of filing fee, certificate of status and certified copy. Please contact me should you require anything else to process this submittal.

Thank you.

Sincerely.

THOMÁS J. PALMIERJ. P.A.

Thomas J. Palmieri

### COVER LETTER

TO:

|               | gistration Sec<br>vision of Corp  |  |   |   |
|---------------|---|--|---|---|
|               | US REAL E   | STATE ENTERPRISES OF F                       | LORIDA, LLC   | ·   |
| SUBJECT:      |   | Name of Limi                                 | ted Liability Company   |   |
| The enclose   | d Articles of A   | Amendment and fec(s) are sub                 | nitted for filing.  |   |
|               |   | ndence concerning this matter                |   |   |
|               |   | THOMAS J. PALMIERI, I                        | SQ.   |   |
|               |   |  | Name of Person  |   |
|               |   | THOMAS J. PALMIERI, I                        | P.A.  |   |
|               |   |  | Firm/Company  | _ <del></del>   |
|               |   | 340 MINORCA AVE., SU                         | ITE ONE   |   |
|               |   |  | Address   |   |
|               |   | CORAL GABLES, FL 331                         | 34  |   |
|               |   |  | City/State and Zip Code   |   |
|               |   | PALMIERII.AW@GMAIL  E-mail address: (1)      | Obe used for future annual report notif   | ication)  |
| For further   | information co  | oncerning this matter, please ca             | all:  |   |
|               | J. PALMIERI   |  | 305 441.9021  |   |
|               | Name of   |  | at (  | Telephone Number  |
| Enclosed is   | a check for th  | ne following amount:                         |   |   |
| □ \$25.00     | Filing Fee  | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re<br>D<br>P. | ailing Addres<br>egistration S<br>ivision of C<br>O. Box 632<br>allahassee, l | Section<br>orporations<br>7                  | Street Address:<br>Registration Sec<br>Division of Corp<br>The Centre of T<br>2415 N. Monroe<br>Tallahassec, FL | porations<br>allahassee<br>Street, Suite 810  |

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| US REAL ESTATE ENTERPRISES   |   |                               |
|--|---|-------------------------------|
| (Name of the Emilied   | Liability Company as it now appears on our records.) Florida Limited Liability Company) |                               |
| The Articles of Organization for this Limited Liab   | oility Company were filed on 12/21/2018   | and assigned                  |
| Florida document number L18000292135   | . <u></u> .   | •                             |
| This amendment is submitted to amend the follow  | ving:   |                               |
| A. If amending name, <u>enter the new name of t</u>  |   | 100 mg                        |
| The new name must be distinguishable and contain the wor   | ds "Limited Liability Company," the designation "LLC" of                                | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicat   | -   | 22 72                         |
| (Principal office address MUST BE A STREET   | ADDRESS)  | - Sin B · O                   |
| Enter new mailing address, if applicable:  |   | ESTATE STATE                  |
| (Mailing address MAY BE A POST OFFICE B  | 0X)   |                               |
|  |   |                               |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address |   | ne name of the new registered |
| Name of New Registered Agent:  |   |                               |
| New Registered Office Address:   | Enter Florida street address  |                               |
|  | , Flor  | ida                           |
|  | 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 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

| Title       | Name                | Address                    | Type of Action |
|-------------|---------------------|----------------------------|----------------|
| AP          | Robert Scott Holmes | 2751 Tall Pine Street      | ≣∧dd           |
|             |                     | Fort Pierce, Florida 34945 | ElRemove       |
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| ective date, if other than<br>n effective date is listed, the date | the date of filing:  June 13, 20  must be specific and cannot be prior | 0025                        | (optional)                | suant to 605.020 |
| ite: If the date inserted in thi                                   | is block does not meet the applicate Department of State's records     | cable statutory ming req    | untements, this date with | not be listed a  |
| ecord specifies a delayed effe<br>is filed.                        | ective date, but not an effective t                                    | ime, at 12:01 a.m. on th    | e earlier of: (b) The 90  | th day after the |
| Junicyllis<br>led  | 2025   | ·                           |                           |                  |
|  | Marie  | W.                          |                           |                  |
|  | Signature of a member or with  | infized representative of a | nember                    |                  |
|  |  | ,                           |                           |                  |

Filing Fee: \$25.00

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| US REAL ESTATE ENTERPRISES OF FL  | ORIDA, LLC  |                                     |
|---|---|-------------------------------------|
| (Name of the Limited Liabil)<br>(A Florid   | lity Company as it now appears on our relations to the company) | ecords.)                            |
| The Articles of Organization for this Limited Liability ( Florida document number L18000292135            | Company were filed on 12/21/2018                                | and assigned                        |
| This amendment is submitted to amend the following:   |   |                                     |
| A. If amending name, enter the new name of the lim  | nited liability company here:                                   |                                     |
| The new name must be distinguishable and contain the words "Lin   | nited 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 ADD.   |   |                                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE ROX)                     | <del></del> -   |                                     |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>e</u>                      | nter the name of the new registered |
| Name of New Registered Agent:   |   |                                     |
| New Registered Office Address:  | Enter Florida street o  | uddress                             |
|   |   | _, 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> | Name                | Address                    | Type of Action |
|--------------|---------------------|----------------------------|----------------|
| AP           | Robert Scott Holmes | 2751 Tall Pine Street      |                |
|              | ·                   | Fort Pierce, Florida 34945 | □Remove        |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| E. Effective date, if other than the date of filing:  (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 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.   |
| Daled June 16 2025  |
| 17 1/180 P  |
| Signature of a member or authorized representative of a member  |
| MARCIE ZIV  Typed or printed name of signee   |
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