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(Re	questor's Name)	
(Ad	dress)	
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(Do	ocument Number)	
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations			
eupiron.		an Properties LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for tiling.		
Please return all corresp	oondence concerning this matter	to the following:		
	FADI M. HAMMAD			
		Name of Person	-	
		US American Properties LLC		
		Firm/Company		
	8	112 River Mont Way		
		Address		
	Te	mple Terrace, Florida 33637		
		City/State and Zip Code		20
	fadihammad79@gmail.con			
For further information	concerning this matter, please c	to be used for future annual reportable:	n nouncation)	YITICK (PIO
	M. Hammad	813	595-6118	73.0
Name	of Person	at () Area Code D	aytime Telephone Number	- 1.5: 1.5 0.2:119:0
Enclosed is a check for	the following amount:			* 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of S Certified Copy (additional copy is	Status &
Mailing Addre Registration Division of (<u>Street Addre:</u> Registration Division of		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

US American Properties 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 ___ Florida document number ______1.19000305761 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 contain the words "Limited Liability Company," the designation "Li.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address . Florida

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FADI M. HAMMAD	8112 RIVER MONT WAY	≣ Add
		TEMPLE TERRACE	□Remove
		FLORIDA 33637	□Change
			□Add
		·	□Remove
			Change
			DAdd
		 	□Remove
			□ Change
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ective date, if other than the d	ate of filing: 12/16/2019		(optional)
effective date is listed, the date must be: If the date inserted in this bloc	e specific and cannot be prior to da c does not meet the applicable	ite of filing or more than 90 da statutory filing requiremen	lys after filing.) Pursuant to 605.0207 ots, this date will not be listed as
ument's effective date on the Dep			
cord specifies a delayed effective of	late, but not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
s filed.			
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Filing Fee: \$25.00