L23000440823

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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration . Division of C					
eur iez		Z ADVISORS. LL£				
SUBJEC	.1:	Name of Lin	nited Liability Company			
The enclo	osed Articles (of Amendment and fee(s) are sub	mitted for film,			
Please ret	turn all corres	pondence concerning this matter	to the following:			
		Michael Hill				
		•	Name of Person			
		<u></u>	Firm/Company			
	1300 NW 84th Avenue					
			Address			
		Doral, FL 33126				
		michael.ted.hill@gmaii.com	City/State and Zin Coo:			
		rmail address: (to be used for future annual	report notificat	tion)	
For furthe	er information	concerning this matter, please c	all:			
Michael	Hill			52-7208		
•	Name	of Person	Area Code	Daytime Te	elephone Number	
Enclosed	is a check for	the following amount:				
■ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	zaijing Addr		Street A			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallanassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

USRE BIZ ADVISORS, LLC

2025 MAY -5 AM 11: 48

Name of the Limited Liability	ty Company as it now appears on o	ur records.).		
(A Florida	ty Company as it now appears on of Limited Liability Company)	TALL AND OF STATE		
The Articles of Organization for this Limited Liability C	ompany were filed on 9/21/202	and assigned		
Florida document number L23000440823	ompany were med on	and assigned		
Florida document number	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company here:	USRE EQUITY, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				
		····		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new register		
agent and/or the new registered office address here.				
Hame of New Registered Agent:				
Hame of New Registered Agent.	·			
New Registered Office Address:	Enter Florida street address			
	Date Florage Steel address			
	Circ	Florida		
	•	r.ų/ Couc		
New Registered Agent's Signature, if changing Registered	1 Agent:			
I hereby accept the appointment as registered agent or ovisions of all statutes relative to the proper and coaccept the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my d zent as provided for in Chapt d office address. I hereby cot	uties, and I am familiar with and er 605, F.S. Or, if this document is		
ording the occurrence in mainly of the 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 = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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ective date, if other than	the data of filin	~ .		(0	ptional)	
effective date is listed, the date e: If the date inserted in thi	must be specific and	I cannot be prior to	date of filing or a	nore than 90 days a	ifter filing.) Purs	suant to 605.0207
ument's effective date on th	e Department of S	state's records.	ne statutory min	ng reduirements.	uns date wiii	not be fisted as
cord specifies a delayed effe s filed.	ctive date, but not	an effective tim	e, at 12:01 a.m.	on the carlier of	: (b) The 90t	h day after the
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Filing Fee: \$25.00