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(Re	equestor's Name)	
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TO:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division o	of Corpora	tions								
SUBJECT:	USA	Real	ESTATI	E ANI	ンゴル	VES	TME	UT, L	LC	
			Name of Lim	ited Liability	Company					
The enclosed Artic	les of Ame	ndment and	fee(s) are subi	mitted for fil	ing.					
Please return;all-co	rresponden	ce-concernin	g this matter	to the follow	ing:					
			Ye	TING	SAPI	R				
				Name	of Person					
	_				Company					
			6050	SW	\$ 55	5th	place	2		
	_									
	_		DAU	15,	Fi,	33	314 mail.			
			100/	City/State a	and Zip Code	์ ล ๆ	mail.	com		
		E-	mail address: (t	to be used for	future annua	ıl report i	notification)			
For further informa	tion concer	ning this ma	tter, please ca	ıll:				TA.	တ ⊵	
YONIT	- St	PIR		at (s	305,	7	73-	ne Number(2)	2016 DEC	
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										IT
Enclosed is a check	for the fol	lowing amou	ınt:					/ G	Fee,	C
□ \$25.00 Filing F	ee □	\$30.00 Filir Certificate		Certi	Filing Fee ied Copy onal copy is e		•	\$60,00 Filing Certificate of Certified Co	of Status &	
N	1AILING	ADDRESS:			STREE	ET/COU	JRIER ADD	(additional cop	y is enclosed)	

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA Real E	STATE	AND]	inues	MEN	T, LL	
USA Real E (Name of the Limited)	Liability Compan Florida Limited Li	y as it now appeability Company	ears on our reco	ords.)		
The Articles of Organization for this Limited Liabi	ility Company + 4-59 [vere filed on _	07/28	11999	_ and assig	ned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	ne limited liabil	ity company	here:			
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the	e designation."L	LC" or the abbre	viation/"L.L.	C."
Enter new principal offices address, if applicable	le:					
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)x)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		; .		rds, enter the	e name of	the new
Navy Registered Office Address	605	0 50	5544	place	<u>, </u>	17
New Registered Office Address:	_		lorida street add	ress S	331A	<u>;</u>
		.C.a.v			EIP COME	

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

Page 1 of 3

MGR= Ma AMBR= Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>m</u> GR	YONIT SAPIR	6050 SW 55th place DAVIE, FZ, 33314	tt_Add
			Remove
		·	Change
16-RM	DIANE L ELMENDO	MIAMI, FL, 33150	
			□ Remove
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		SECRETARY TAULAHASSE	Add CP Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9	(optional)

Page 3 of 3

Filing Fee: \$25.00