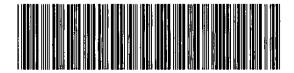
## L14000142827

| (Requestor's Name)                      |      |  |  |
|---|------|--|--|
| (Address)                               |      |  |  |
| (Address)                               |      |  |  |
| (City/State/Zip/Phone #)                |      |  |  |
| PICK-UP WAIT                            | MAIL |  |  |
| (Business Entity Name)                  |      |  |  |
| (Document Number)                       |      |  |  |
| Certified Copies Certificates of Stat   | us   |  |  |
| Special Instructions to Filing Officer: |      |  |  |
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| OCT 2 7 2014                            |      |  |  |
| A. LUNT                                 |      |  |  |
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| 3755 EB-5 INVESTORS G                      | P, LLC   | L14000142827 | _                  |         |               |
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| Thank you!                                 |  |              |                    |         |               |
| ( ) Profit<br>( ) Nonprofit                | (X ) Amendment<br>LLC                                    |              | () Merger          |         |               |
| ( ) Foreign                                | () Dissolution/Withdrav () Reinstatement                 | val          | () Mark            |         |               |
| () Limited Partnership (X) LLC             | () Annual Report () Name Registration () Fictitious Name |              | () Other           |         |               |
| () Certified Copy                          | () Photocopies   | ·            | () CUS             |         |               |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait                          |              | (x) Pick Up        |         |               |
| Name<br>Availability                       | 10/24/2014   |              | Order#:<br>9322197 |         |               |
| Document Examiner Updater                  | ST   |              | Ref#:              |         |               |
| Verifier                                   |  |              | Amount: \$         |         |               |

## **COVER LETTER**

|              | gistration Sec<br>vision of Corp |   |   |                        |  |   |
|--------------|----------------------------------|---|---|------------------------|--|---|
| CUDIE/T      |                                  | 5 Investors GP, LLC                             |   |                        |  |   |
| SUBJECT      |                                  | Name of Lim                                     | ited Liability Company  |                        |  |   |
| The enclose  | ed Articles of A                 | Amendment and fec(s) are sub                    | mitted for filing.  |                        |  |   |
| Please retur | n all correspor                  | ndence concerning this matter                   | to the following:   |                        | 2814 BCT   |   |
|              |                                  | Osvaldo F. Torres                               |   |                        | 日<br>公<br>27<br>27   |   |
|              |                                  |   | Name of Person  |                        | 611  | _ |
|              |                                  | Torres Law, P.A.                                | _   |                        |  |   |
|              |                                  |   | Firm/Company  |                        |  |   |
|              |                                  | 888 Southeast Third                             | Avenue, Suite 40  | 00                     | , •  | _ |
|              |                                  |   | Address   |                        | <del></del>  |   |
|              |                                  | Fort Lauderdale, Flo                            | orida 33316   |                        |  |   |
|              |                                  | ozzie@torreslaw.net                             | City/State and Zip Code                                       | •                      |  |   |
|              |                                  |   | to be used for future annua                                   | l report notification) |  |   |
| For further  | information co                   | ncerning this matter, please or                 | all:  |                        |  |   |
| Osvaldo      | F. Torres                        |   | 754 3   | 00-5815                |  |   |
|              | Name of                          | Person  | Area Code   | Daytime Teleph         | one Number   |   |
| Enclosed is  | a check for the                  | e following amount:                             |   |                        |  |   |
| \$25.00      | Filing Fec                       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee<br>Certified Copy<br>(additional copy is ea |                        | 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |   |
|              | •                                |   |   |                        |  |   |
|              | MAILII                           | NG ADDRESS:                                     | STREE   | ET/COURIER AD          | DRESS:   |   |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3755 EB-5 Investors GP, 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 September 11, 2014 and assigned         |                              |                               |                   |  |
|---|------------------------------|-------------------------------|-------------------|--|
| Florida document number L14000142827  |                              |                               |                   |  |
| This amendment is submitted to amend the following:   |                              |                               |                   |  |
| A. If amending name, enter the new name of the limited ita  | bility company he            | re:                           |                   |  |
| The new name must be distinguishable and end with the words "Limited Lie  | bility Company," the         | designation "LLC" or the abbr | eviation "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 of registered agent and/or the new registered office address he |                              | our records, enter the        | e name of the new |  |
| Name of New Registered Agent:   |                              |                               |                   |  |
| New Registered Office Address:  |                              |                               |                   |  |
|   | Enter Florida street address |                               |                   |  |
|   | , Florida                    |                               |                   |  |
|   | City                         | <del></del>                   | Zip Code          |  |
| New Registered Agent's Signature, if changing Registered Agent  | i                            |                               |                   |  |
|   |                              |                               | and the state of  |  |

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

|                            |                                | WHY BUT OF  |
|----------------------------|--------------------------------|---|
| anager<br>uthorized Member |                                | 2014 BCT 24 AM 9: 57                                |
| <u>Name</u>                | Address                        | Type of Action                                      |
| Ling Chi Moy Law           | 3901 NW 79th Avenue, Suite 244 | ■ Add   |
|                            | Doral, Florida 33166           | D Remove  |
|                            |                                | <del></del>   |
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|                            |                                | Name Address Ling Chi Moy Law  Doral, Florida 33166 |

|  | 2014 BCT 24 AM 9: 57                              |
|--|---|
| D. If amending any other information, enter change(s) here: (Attack  | "AF BUT S   |
|  |   |
| E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) | (optional)<br>d cannot be more than 90 days after |
| Dated 10/23/2014 )   |   |
| Signature of & member or authorized repro  | esentative of a member                            |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00