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COVER LETTER

TO: Registra	tion Section of Corporations	
SUBJECT:	U.S. Federal Techr	nology EB-5 Investment Fund, L.P.
,	Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership
The enclosed C	ertificate of Amendment a	and fee(s) are submitted for filing.
Please return al	l correspondence concerni	ng this matter to:
	Juan Yang	
	Contact Person	
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	201 Douglas Rd Ste	1
	Address	
	Oldsmar, FL34677	
	City, State and Zip Code	
	yvonne22f@yahoo.co	m
E-mail addre	ss: (to be used for future annua	report notification)
For further info	rmation concerning this m	natter, please call:
	Juan Yang	at (813) 9669139
Name of	Contact Person	Area Code and Daytime Telephone Number
Enclosed is a ch	neck for the following amo	ount:
\$52.50 Filing F	see \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADD Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle	MAILING ADDRESS: Registration Section Division of Corporations CRECTED AUG P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

U.S. Federal Technology EB-5 Investment Fund, L.P.

Insert name currently on file with Florida Department of State

insert name currently	on the with Florida Departi	nent of State	
Pursuant to the provisions of section 620.120 limited liability limited partnership, whose consequences 4, 2014 assigned.		the Florida Department of S	State on
adopts the following certificate of amendment			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of here:	the limited partnership	or limited liability limited pa	rtnership
Technology EE	3-5 Investment Fur	nd, L.P.	
New name must be disting	nguishable and contain an ac	ceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff			
B. If amending mailing address and/or proprincipal office address here:	rincipal office address,	enter new mailing address	s and/or
New Principal Office Address (Must be STREET address)			
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:		on our records, <u>enter the na</u>	me of the
New Registered Office Address.		ida street address ACC 285 , Florida ACC 286	<u> </u>
	City Page 1 of 3	3 27 P 3: 24 CORY OF STATE ZINSEE, FLORIDA	ILED

New Registered Agent's Signature, if changing Registered Agent:

	If Changing Registered Age	nt, Signature of New Registered Ag
the general partner(s), en	ter the name and business addre	ess of each general partner
ed from our records:		NO OT WHEN HOUSE HE PRESENCE
<u>Name</u>	Address	Type of Action
		
		AddRemove
 -		Add Remove
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<u></u>		Add Remove
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		Remove
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	*	Remove
	d from our records:	the general partner(s), enter the name and business addresd from our records: Name Address Address

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	rmation, er	nter change(s)	here: (Attac	ch additional	sheets, if	necess	ary.)
					· • • • • • • • • • • • • • • • • • • •	·	
		<u></u> ,					
Effective date, if other than the da (Effective date cannot be prior to nor mo State.)			e this docume	nt is filed by th	he Florida	Depart	tment of
Signature(s) of a general partne	r or all ge	neral partne	rs*:				
(*NOTE: Only one current general partiremoving a "limited liability limited partiwhen adding or removing a "limited liability limited liability liability limited liability li	nership" elec	ction statement.	Chapter 620,	F.S., requires			
Juanyeard							
Contract Division	, LLC	_					
201 Douglas Rds	4-21						
Juanyand Contract Division 201 Douglas Rds Oldsmar, FL 341	677				 		
Signature(s) of all new or dissoc			s), if any:				
							
	<u>-</u>		·				
					TAI	2015	
					AH.	as Aug	T
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				ARY ASSEI	37	
Certificate of Status (optional):	\$8.75				or si	ט	ED
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