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SECRETARISE FLORIDA

C. LEWIS

JUN 2 8 2012

EXAMINER

| TO: | Registration Division of C | | * | | | |
|--|----------------------------|---|--|---|-----------------|--|
| SUBJECT: EB-5 American Dream Fund I, LLC | | | | | | |
| | | | ited Liability Company | | | |
| The er | nclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | | | |
| Please | return all corres | pondence concerning this matte | r to the following: | | | |
| | | Richard Beaupre | | | | |
| | Name of Person | | | | | |
| | EB-5 American Dream Fund I | | | ıd I | | |
| | Firm/Company | | | | | |
| | | 8551 W Sunrise Blvd, Suite 208 | | | | |
| Address | | | | | | |
| | | For | t Lauderdale, FL, 3332 | 22 | | |
| | | 1 01 | City/State and Zip Code | | | |
| | | rbea | upre@dreamlifeeb5.cd | om | • | |
| | | | to be used for future annual repo | rt notification) | | |
| For fu | rther information | concerning this matter, please | call: | | | |
| | Ri | chard Beaupre | at (_352) | 514-2162 | | |
| | Name | e of Person | Area Code & | Daytime Telephone Numbe | r | |
| | | | | | | |
| Enclos | sed is a check for | the following amount: | | | | |
| \$2: | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is en | closed) Certified | ate of Status & | |
| | Regi Divis P.O. | Stration Section sion of Corporations Box 6327 thassee, FL 32314 | Registration Division of Clifton Build | Corporations ding ive Center Circle | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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| EB-5 A | American Dream Fund I, LLO Liability Company as it now appears on Florida Limited Liability Company) | SECRETARY (| F STATE , FLORI DA |
|--|--|--------------------|----------------------------------|
| The Articles of Organization for this Limited L Florida document numberL09000114 | | ember 2, 2009 | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liability company here: | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limited Liability Company," | the designation "l | LC" or the abbreviation |
| Enter new principal offices address, if applic | eable: | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | | |
| B. If amending the registered agent and/ registered agent and/or the new registered o | | records, enter | the name of the nev |
| Name of New Registered Agent: | Richard Beaupre | | |
| New Registered Office Address: | 8551 W Sunrise Blvd, Suite 208 Enter Florida street address | | |
| | Fort Lauderdale | , Florida | 33322 |
| | City | _ | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | |

If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name **Address** Type of Action **MGRM** Project USA Inc. 198 Island View, P.O. Box 318 ☐ Add Newport, VT, 05855 🔽 Remove Gervais, David MGRM 274 Town Line Rd 🔲 Add West Chazy NY 12992 ✓ Remove MGR Beaupre, Richard 22853 SW 15th Ave ✓ Add Newberry FL 32669 ☐ Remove Gervais, David MGR 274 Town Line Rd **▼** Add West Chazy, NY, 12992 Remove MGR Mooney, Phillip 360 Pearl Street ✓Add Remove Burlington, Ontario Canada, L7R 1E1 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member CHARD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00