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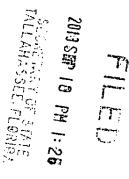
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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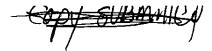
Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

CommerCenters EB5 Regional Center Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Richard Hostetter

Name of Person

CommerCenters, LLC

Firm/Company

1800 Pembrook Drive, Suite 300

Address

Orlando, FL 32810

City/State and Zip Code

rhostetter@commercenters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Richard Hostetter

{...}407.667-4730

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A		ny as it now appears on our reliability Company)	ecords.)		-	
The Articles of Organization for this Limited Li Florida document number <u>L09000114648</u>	ability Company	were filed on 12/1/09		and	l assig	ned
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the de	signation "L	LC" or	the ab	breviation
Enter new principal offices address, if applic	able:	1800 Pembrook Driv	e		~>	
(Principal office address MUST BE A STREE		Suite 300	ï		<u>당</u> 교	
		Orlando, FL 32810	j E	ir I		
			Ć.	2	Œ	
Enter new mailing address, if applicable:		1800 Pembrook Driv	e :	11점 기술:	פַ	T
(Mailing address MAY BE A POST OFFICE BOX)		Suite 300	G	- <u>v</u>		()
		Orlando, FL 32810	í		(V)	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			ds, <u>enter t</u>	he nan	ne of	the new
New Registered Office Address:	1800 Pemb	prook Drive, Suite 300	·			
		Enter Florida street address				
Orlando		City	Florida 32	2810		··· · · · · · · · · · · · · · · · · ·
		Zip Code				

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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR.= Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Add V
		— The state of the state of th	
			Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
			Add
			Remove
			
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
September 5 Signature of a member or authorized representative of a member G. Richard Hostetter Typed or printed name of signee		
Page 3 of 3	2919	
Filing Fee: \$25.00	19 SEP 10 PH 1:25	177 177

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