

L10000102989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

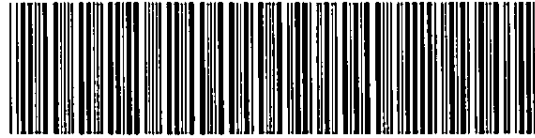
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 17 AM 2:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EB5 Financing and Management Company 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:

Rodrigo Azpurua

Name of Person

EB5 Financing and Managing Company LLC

Firm/Company

2750 SW 145 Avenue, Suite 106

Address

Miramar, Florida 33027

City/State and Zip Code

janeth@rivierapmo.com

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

For further information concerning this matter, please call:

Janeth Zapata

305 433-2397
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EB5 Financing and Management Company 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 10/01/2010 and assigned
Florida document number L10000102989.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2750 SW 145 Avenue

Suite 106

Miramar, Florida 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2750 SW 145 Avenue

Suite 106

Miramar, Florida 33027

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2750 SW 145 Avenue, Suite 106

Enter Florida street address

Miramar

Florida 33027

City

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miami Agora LLC	2750 SW 145 Avenue, Suite 106,	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Luis Ventura	7971 Riviera Blvd, Suite 207	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. What is the main purpose of the study?
 2. What are the research objectives?
 3. What is the significance of the study?
 4. What is the scope of the study?
 5. What are the limitations of the study?
 6. What is the methodology used?
 7. What are the results of the study?
 8. What are the conclusions of the study?
 9. What are the recommendations of the study?
 10. What are the future research directions?

17 DEC 18 AM 2:03

SECRETARY OF STATE
ITALY/ASSISTANT

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2017

Signature of a member or authorized representative of a member

Rodrigo Azpurua

Typed or printed name of signee