## L 11000059171

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manualisms to 1 ming 5 moon.

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B. KOHR

JUN - 2 2011

**EXAMINER** 



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06/02/11--01019--017 \*\*120.00

RECEIVED

11 JUN-2 PM 1: 42

55% THE CORPORATIONS
TAIL AMASSET FLOSION

DIVISION OF CORPORATIONS

11 JUN -2 PM 3: 30



ACCOUNT NO. : 12000000195

REFERENCE: 798774 6699A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE: June 2, 2011

ORDER TIME : 10:30 AM

ORDER NO. : 798774-010

CUSTOMER NO:

6699A

## DOMESTIC AMENDMENT FILING

NAME: EB-5 MIAMI BEACH, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 1/14	* (	FILEDE STATEON
	330	(DK)

	EB-5 Miami E	Beach, L.L.C.		ي الم
(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now apper Liability Company)	ars on our records.)	3.30
The Articles of Organization for this Limited	Liability Company	were filed on	May 18, 2011	and assigned
Florida document numberL110000	59171			-
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	re:	
	N/A	<b>\</b>		
The new name must be distinguishable and end w "L.L.C."	vith the words "Lim	ited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		90 S.W. 3rd	Street	
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 4209		
		Miami Beacl	n, Florida 33130	
Enter new mailing address, if applicable:		90 S.W. 3rd	Street	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 4209		
		Miami Beach	n, Florida 33130	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	l/or registered of office address her N/A	<u>e</u> :	our records, <u>enter t</u>	
		N/A		B1/4
		City	, Florida	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Patrick Yaich	1	6530 Allison Road Miami Beach, Florida 33141	_ ✓ Add
<u>MGRM</u>	Kevin Yaich		90 S.W. 3rd Street Suite 4209 Miami Beach, Florida 33130	Add Remove
<del></del>				Add Remove
				Add Remove
<b></b>		<del></del>		Add Remove
				Add Remove
D. If am	nending any other info	rmation, enter change(s)	here: (Attach additional sheets, if necessary.)	_
				<del></del>
				_
Dated	June 1	, <u>2011</u>	 2.Al	_
		-	authorized representative of a member ar, Registered Agent	
		Typed or p	printed name of signee	· ·

Page 2 of 2

Filing Fee: \$25.00