

L11000062920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

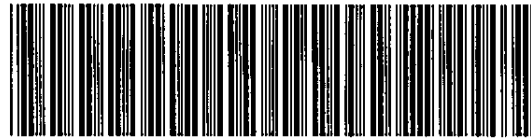
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 19 2013

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EB5 Select, 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:

Lorcan Claffey

Name of Person

EB5 Select, LLC

Firm/Company

116 Polo Park East Blvd

Address

Davenport, FL 33897

City/State and Zip Code

lorcan@feltrim.com

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

For further information concerning this matter, please call:

Lorcan Claffey

Name of Person

863 353-0016

at ()

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**

FILED
13 NOV 15 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EB5 Select 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 May 27, 2011 and assigned
Florida document number L11000062920.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lorcan Claffey

New Registered Office Address:

116 Polo Park East Blvd

Enter Florida street address

Davenport

City

, Florida 33897

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Angela Kenny	116 Polo Park East Blvd	<input type="checkbox"/> Add
		Davenport, FL 33897	<input checked="" type="checkbox"/> Remove
MGRM	Garrett Kenny	3014 Porto Lago Ct	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
MGRM	Lorcan Claffey	7409 Sparkling Ct	<input checked="" type="checkbox"/> Add
		Reunion, FL 34747	<input type="checkbox"/> Remove
MGRM	Jason Edwards	5494 Lake Howell Dr	<input checked="" type="checkbox"/> Add
		Winter Park, FL 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

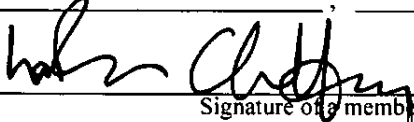
D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Ownership percentages are as follows:

Garrett Kenny 60%, Lorcan Claffey 10%, and

Jason Edwards 30%

Dated November 12, 2013



Signature of a member or authorized representative of a member

Lorcan Claffey

Typed or printed name of signee

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Filing Fee: \$25.00