

L11600100915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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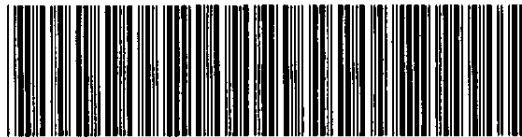
(Business Entity Name)

(Document Number)

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2015 JUL 22 P 3:30  
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VIRGINIA

JUL 23 2015

S MASON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EB5 Visa Fund 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:*

Richard Reitano

\_\_\_\_\_  
Name of Person

EB5 Visa Fund LLC

\_\_\_\_\_  
Firm/Company

772 US Highway One, Suite 200

\_\_\_\_\_  
Address

North Palm Beach, FL 33408

\_\_\_\_\_  
City/State and Zip Code

reit99@comcast.net

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

For further information concerning this matter, please call:

Lou Fuoco

561 626-0400

\_\_\_\_\_  
Name of Person

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**

**EB5 Visa Funds 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 September 2, 2011 and assigned  
Florida document number 1000100915 L11000100915

This amendment is submitted to amend the following:

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

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City, **Florida**

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	PT Trust	3300 PGA Blvd	<input type="checkbox"/> Add
		Palm Beach Gardens, Fl 33410	<input checked="" type="checkbox"/> Remove
MGR	Luigi Fuoco	772 US Highway One, Suite 200	<input checked="" type="checkbox"/> Add
		North Palm Beach, Fl 33408	<input type="checkbox"/> Remove
AMGR	Godoy Family Trust	15941 Mellen Lane	<input checked="" type="checkbox"/> Add
		Jupiter, Fl 33478	<input type="checkbox"/> Remove
AMGR	Andre M. Perez	6343 SW 49th ST	<input checked="" type="checkbox"/> Add
		Miami, Fl 33155	<input type="checkbox"/> Remove
AMBR	Hela Schneider	10198 Patience Lane	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, Fl 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE OF FLORIDA

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

Removal of owner/AMBR PT Trust 20% membership shares through purchase.

Addition of new owners/MBR & AMBR: I Richard Reitano hereby amend the

"Articles of Organization" to grant 40% of any/all membership shares as follows

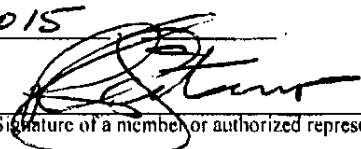
Luigi Fuoco 10%, The Godoy Family Trust 10%, Andre M. Perez 10% and

Hela Schneider 10%, according to the executed operating agreement.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 29, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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