

(Requestor's Name)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
enn II	Central Flor	ida EB5 Regional Center LLC		
VORTE	CCT:	Name of Limi	ted Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Tamera Figueroa		
			Name of Person	
		Central Florida EB5 Region	nal Center LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		116 Polo Park East Blvd		
			Address	
		Davenport, FL 33897		
			City/State and Zip Code	
		tamera@feltrim.com	o be used for future annual report notifi	ecation)
For fur	ther information co	oncerning this matter, please ca		
Tamera	a Figueroa		at () 353-0016 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>≅</b> \$2:	5.00 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

Central Florida EB5 Regional Center LLC		
( <u>Name of the Limited Liat</u> (A Flo	hility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L11000141546	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our r ddress here:	ecords, enter the name of the nev
		<u>ω</u>
Name of New Registered Agent:		64
Nove Description of Officer Addresses		
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	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>	Address	Type of Action
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		Davenport, FL 33897	■ Remove
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Sote:	ive date, if other than the date of filing:	≟ursuant fill not l	ю 605.020° be listed as
e red	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the	earlier o
1116	O C . 25 2017		
Dated	Sept 25 12017		

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Typed or printed name of signee

Filing Fee: \$25.00