112000044261

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ry/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Sect Division of Corpo | | | |
|---|---|---|---|
| SUBJECT: | he Florida Si Name of Limit | in EBS Fund L ed Liability Company | LC |
| The enclosed Articles of Ar | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | ERNES | Name of Person | <u></u> |
| | | Management UC Firm/Empany | |
| | | S251 Cemberly Dr. Address | we |
| | | Tampa, FC 3 City/State and Zip Code vzen @ gemrealestele. o be used for future annual report notification | 56 47 |
| | | City/State and Zip Code | |
| | emur | zen @ gemrealestate. | |
| | E-mail address: (to | o be used for future annual report notification | on) |
| For further information con | cerning this matter, please ca | all: | |
| Name of F | t Munger Person | at (\$13) 777-44 Area Code & Daytime Te | |
| 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

| Name of the Limited Liability Compa (A Florida Limited I | 5 Fund LLC |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our records.) Diability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L12 0000 44261</u> . | , |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | <u>ility company here</u> : |
| Good Life EB5 ADVISOR | s LLC |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ted Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | Same as before: 15251 amberly Drive |
| (Principal office address MUST BE A STREET ADDRESS) | Tanga, EL 33647 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same: 15251 amberly Drive Tampa, FL 33647 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address ber | |
| Name of New Registered Agent: | 79 (19) 1 (19 |
| New Registered Office Address: | |
| | Enter Florida street address Florida Florida Zip Code |
| | 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 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.

| ашепо | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | 10/15/13 . 2017 |
| | Sunt Muren |
| | Signature of a member or authorized representative of a member |
| | ERNEST MUNZEN |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

13 BCT 28 - 48 IQ: 53

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 |
|--------------|-------------|---|----------------|
| MGRM | John Yo | 14M. 6029 CATLIN DRIVE TAMPA, FL 33647 | Add |
| | , | TAMPA, FL 33647 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
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| ··· | | Dr. | Add Add |
| | | | Remove |
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| | | | Remove |
| | | | |