

L12000077212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

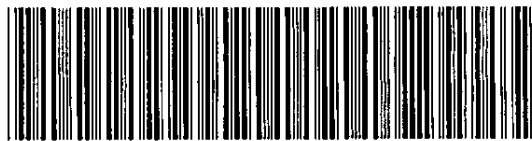
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2016 JAN 27 P 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 27 2016

BRUCE

COVER LETTER

Division of Corporations

SUBJECT: Sunshine STATE EB-5 Regional Center, 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:

Eric Hernandez

Name of Person

Firm/Company

201 Douglas Rd Suite 1

Address

Oldsmar, FL 34677

City/State and Zip Code

eghernandez@gmail.com

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

For further information concerning this matter, please call:

Eric Hernandez

Name of Person

at (813) 735-9890

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 27 P 4:04

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sunshine State EB-5 Regional Center, 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 06/11/2012 and assigned
Florida document number L12000077212.

This amendment is submitted to amend the following:

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

Tampa International Regional Center, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

201 Douglas Rd Suite 1

Oldsmar, FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 Douglas Rd Suite 1

Oldsmar, FL 34677

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:

Eric Hernandez

New Registered Office Address:

201 Douglas Rd Suite 1

Enter Florida street address

Oldsmar

City

Florida

34677

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.

*

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

JAN 27 PM 4:04
CLERK OF DISTRICT COURT
TAMPA, FLORIDA

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Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Person(s)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Yang	1926 Oceanshore Blvd #111 Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BING XU	1926 Ocean Shore Blvd #111 Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2008 JAN 27 4:04 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2006 JAN 2 1 11 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 27 PM 4:00
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TALLAHASSEE, FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 1/25 2016

Signature of a member or authorized representative of a member

BING XU

Typed or printed name of signee