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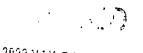
COVER LETTER

TO:

	egistration Se ivision of Cor			
SUBJECT		LIATE NETWORK STATE O	F FLORIDA REGIONAL CENTI	ER, LLC
SUBJECT	·	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Samuel B. Silverman		
			Name of Person	
			Firm/Company	
		954 Avenida Ponce de Lec	on, Suite 205	
			Address	-
		San Juan, Puerto Rico 009	07	
			City/State and Zip Code	
		sam.silverman@eb5an.com		
			to be used for future annual report no	tification)
For further	information c	oncerning this matter, please co	all:	
Samuel B.	Silverman		561 386-5356 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Address: Registration Se	nation
	egistration Sivision of C		Division of Co	
	O. Box 632	=	The Centre of	
T	allahassee. I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 20 PH 2: 27

EB5 AFFILIATE NETWORK STATE OF FLORIDA 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 01/02/2014	and assigned
Florida document number L14000010873		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	EB5AN Southeast Regional Cent	er. LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	954 Avenida Ponce de Leon	
(Principal office address MUST BE A STREET ADDRESS)	Suite 205	
	San Juan. Puerto Rico 00907	
Enter new mailing address, if applicable:	954 Avenida Ponce de Leon	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 205	
	San Juan, Puerto Rico 00907	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	Floric	la
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	<u> </u>	

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
			\Add
			□Remove
			□Change
			□Remove
			□Change
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Page 2 of 3

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Filing Fee: \$25.00