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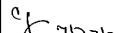
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## **COVER LETTER**

TO: **Registration Section** Division of Corporations

EB5 AFFI SUBJECT:	LIATE NETWORK STATE O	F NEVADA REGIONAL CENTE	R. LLC
	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Samuel B. Silverman		
		Name of Person	
		Firm/Company	
	954 Avenida Juan Ponce c	de Leon, Suite 205	
		Address	
	San Juan, Puerto Rico 009	07	
		City/State and Zip Code	
	sam.silverman@eb5an.com		
•	E-mail address: (	to be used for future annual report noti	flication)
For further information	concerning this matter, please c	all:	
Samuel B. Silverman		561 386-5356 at()	
Name	of Person		te Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 HAY 23 PH 3:31

#### EB5 AFFILIATE NETWORK STATE OF NEVADA 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 $\frac{01/27/201}{1}$	4 and assigned
Florida document number 1.14000016623	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
EB5AN Far West Regional Center, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		, enter the name of the new registered
agent and/or the new registered office address nere	·•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida stre	vi 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 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>	Name	Address	Type of Action
			□Add
			□Remove
	<del></del>		
			□Remove
			□Change
			□Remove
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Rective date, if other than the date of filing:					
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Filing Fee: \$25.00