

L140000110021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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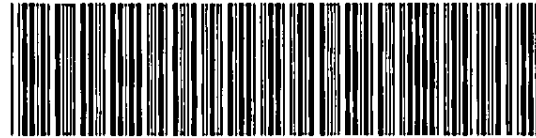
(Business Entity Name)

(Document Number)

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2020 SEP 29 AM 10:25  
CLERK OF STATE  
TALLAHASSEE, FL

10/11/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EB5 Affiliate Network State of Texas 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:

Samuel B. Silverman

Name of Person

EB5 Affiliate Network States of Texas and Louisiana Regional Center, LLC

Firm/Company

954 AVENIDA JUAN PONCE DE LEON, SUITE 205

Address

SAN JUAN, PUERTO RICO 00907

City/State and Zip Code

sam.silverman@eb5an.com

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

For further information concerning this matter, please call:

Samuel B. Silverman

Name of Person

at ( 561 ) 386-5356

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EB5 Affiliate Network State of Texas 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 July 21, 2014 and assigned  
Florida document number L14000110021.

This amendment is submitted to amend the following:

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

EB5 Affiliate Network States of Texas and Louisiana Regional Center, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

954 AVENIDA JUAN PONCE DE LEON

SUITE 205

SAN JUAN, PR 00907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

954 AVENIDA JUAN PONCE DE LEON

SUITE 205

SAN JUAN, PR 00907

**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:

Registered Agents Inc.

New Registered Office Address:

7901 4TH ST. N, SUITE 200

Enter Florida street address

ST. PETERSBURG

City

Florida 33702

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.*

TALLAHASSEE, FL  
SECRETARY OF STATE

2020 SEP 29 AM 10:25



If Changing Registered Agent, Signature of New Registered Agent

FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Samuel, B. Silverman	268 CALLE DOS HERMANOS	<input type="checkbox"/> Add
		UNIT 5	<input type="checkbox"/> Remove
		SAN JUAN, PR 00907	<input checked="" type="checkbox"/> Change
MGR	Michael B. Schoenfeld	3203 PLANTATION VILLAGE	<input type="checkbox"/> Add
		DORADO, PR 00646	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE  
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CLERK OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

Dated September 12, 2020

Signature of a member

Signature of a member or authorized representative of a member

Samuel B. Silverman

Typed or printed name of signee