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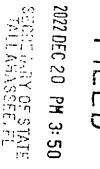
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COVER LETTER

TO:

	gistration Sec ision of Corp			
CUB IEÆT.	EB5 AFFILI	ATE NETWORK STATES OF V	VASHINGTON AND OREGON RE	GIONAL CENTER, LLC
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: Samuel B. Silverman Name of Person EB5AN Firm/Company 5500 MILITARY TRAIL. SUITE 22-260 Address JUPITER, FL 33458 City/State and Zip Code sam.silverman@eb5an.com E-mail address: (to be used for future annual report notification) necerning this matter, please call: at (
Please return	all correspo	ndence concerning this matter	to the following:	
		Samuel B. Silverman		
			Name of Person	
		EB5AN		
			Firm/Company	
		5500 MILITARY TRAIL.	SUITE 22-260	
			Address	· · · · · · · · · · · · · · · · · · ·
		JUPITER, FL 33458		
			City/State and Zip Code	
		_		
			•	tification)
For further i	nformation co	oncerning this matter, please co	all:	
Samuel B. S	Silverman			
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Re Di		Section orporations	Registration S Division of Co	orporations
	D. Box 632 Ilahassee, I			Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>07/10/2014</u>	and assigned
lorida document number L14000110024		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabil	ity company here:	
EB5AN WA OR and Northern Plains Regional Center, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 2 2
Principal office address MUST BE A STREET ADDRESS)		
		- 25 C -
		ASSA O P
Enter new mailing address, if applicable:		ंगला 🗷 –
Mailing address MAY BE A POST OFFICE BOX)		75 3: 5
		. TE
3. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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 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>	Name	Address	Type of Action
MGR	Samuel B. Silverman	10 Calle 3 Mansiones Tintillo Hills	
		Guaynabo, Puerto Rico 00966	□Remove
			☐ Change
<u>-</u>			□Add
			□Remove
			□Change
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			Change

							
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ective date, if other than to the effective date is listed, the date interest in this cument's effective date on the	nust be specific block does n	iling: and cannot be of meet the ap	pplicable stati		han 90 days afte		
ecord specifies a delayed effect is filed.	tive date, but	not an effecti	ve time, at 12	:01 a.m. on th	ie earlier of: (b) The 90th	day after the
December 15		2022					
Show!		_ ·	·				
	Signature o	of a member or	authorized rep	resentative of a	member		

Filing Fee: \$25.00