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FILED

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
EB5 AFFII	LIATE NETWORK, LLC			
SUBJECT:	JIATE NETWORK, LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence 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			
	1	City/State and Zip Code		
	sam.silverman@eb5an.com	to be used for future annual report no	diffication)	
For further information c	oncerning this matter, please c	•		
Samuel B. Silverman	·	561 386-5356		
		at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres Registration S		Street Address: Registration S	ection	
Division of C		Division of Co	•	
P.O. Box 632 Tallahassee, l		The Centre of	Tallahassee oe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EBS AFFILIATE NET WORK, LLC					
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{07/30/2014}{\text{Elorida document number}}$		and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
EB5AN, LLC					
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)	0 22			
		影 7			
Enter new mailing address, if applicable:	<u></u>	% ™ ™			
(Mailing address MAY BE A POST OFFICE BOX)					
		F6			
B. If amending the registered agent and/or registered	office address on our records, enter the i	name of the new registered			
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and 1 c ent as provided for in Chapter 605, F.S.	un familiar with and Or, if this document is			

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
MGR	Samuel B. Silverman	10 Calle 3 Mansiones Tintillo Hills	
		Guaynabo, Puerto Rico 00966	Remove
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Effective date, if other than the effective date is listed, the date must Note: If the date inserted in this blod document's effective date on the De	be specific and can ck does not meet	not be prior to d the applicable	late of filing or mor	(optio e than 90 days after requirements, this	filing.) Pursuant to 60	05.0207 (sted as t
e record specifies a delayed effective rd is filed.	date, but not an o	effective time,	, at 12:01 a.m. on	the earlier of: (b)	The 90th day aff	er the
	2	022				
Dated December 14						
Dated	· _	_	•			
Dated	Signature of a mem	ber or authorize	ed representative of	`a member		

Filing Fee: \$25.00