

L16000211443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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1/20/21
[Signature]

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EB-5 REGIONAL CENTER HOLDINGS, 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

EB-5 REGIONAL CENTER HOLDINGS, LLC

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)

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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EB-5 REGIONAL CENTER HOLDINGS, 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 11/16/2016 and assigned
Florida document number L16000211443.

This amendment is submitted to amend the following:

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

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:

5500 MILITARY TRAIL

Principal office address MUST BE A STREET ADDRESS

SUITE 22-260

JUPITER, FL 33458

Enter new mailing address, if applicable:

5500 MILITARY TRAIL

Mailing address MAY BE A POST OFFICE BOX

SUITE 22-260

JUPITER, FL 33458

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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 300

Enter Florida street address

ST. PETERSBURG

City

Florida 33702

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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
GR	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
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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.

ted November 23, 2020

Samuel B. Silverman

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Filing Fee: \$25.00