

LIB000231263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

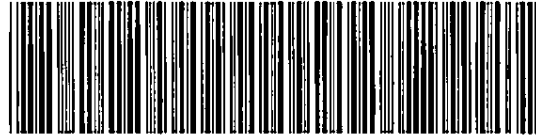
(Business Entity Name)

(Document Number)

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2018 NOV -2 P 11:35

11/5/18 DS

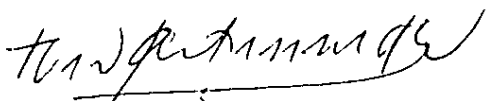
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
DIONNE M. SCOTT

REF. LETTER  
518A 00021499

Please note that the amendment  
of the name is only to correct the  
word IMMIGRATION.

In the original filing was wrongly  
written INMIGRATION.

Thank you.

  
JUAN PABLO WULFF  
(786) 991 6716  
juanpablomwulff@gmail.com

October 29, 2018.-

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2018

JUAN PABLO WULFF  
4122 BOSTON CT  
WESTON, FL 33331

SUBJECT: UNITED STATES BRIDGE INMIGRATION & INVESTING FUND,  
USBIIF LLC  
Ref. Number: L18000231263

We have received your document for UNITED STATES BRIDGE INMIGRATION & INVESTING FUND, USBIIF LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please amend page 1 of 3 if you're not changing the name.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 518A00021499

FILED

2018 NOV -2 PM 11:36

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

United States Bridge Immigration & Investing Fund, USBIIF 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 09/28/2018 and assigned  
Florida document number L18000231263.

This amendment is submitted to amend the following:

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

UNITED STATES BRIDGE IMMIGRATION & INVESTING FUND, USBIIF 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ORANGE TRUSTS CORP	1600 Ponce de Leon Blvd, Ste 1105, Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Orange Trust Corp		<input type="checkbox"/> Add
		1600 Ponce de Leon Blvd, Suite 1105, Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
1997 - 2 PM 11:35  
2013

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 3, 2018

the first time

Signature of a member or authorized representative of a member

JUAN PABLO WULFF

Typed or printed name of signee