La0000325604

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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(S)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| CEDARS LODGE AND SPA EB-5 FUNDI | NG |
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| | Art of Inc. File |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
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| Signature | Vehicle Search |
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| Cedars Loc | lge and Spa EB-5 Funding LLC | 2 | | | |
| SUBJECT: | Name of Lin | nited 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: | | | |
| | Bennett Blachar | | | | |
| | | Name of Person | | | |
| | Cedars Lodge and Spa EB | -5 Funding LLC | | | |
| | - | Firm/Company | · · · · · · · · · · · · · · · · · · · | | |
| | 12810 Maple Road | | | | |
| | | Address | | | |
| | Miami, FL 33181 | | | | |
| | | City/State and Zip Code | · | | |
| | bennett@eb5forflorida.com | | | | |
| | E-mail address: (| to be used for future annual report no | otification) | | |
| For further information of | concerning this matter, please c | all: | | | |
| Bennett Blachar | _ | 305 7333557 | | | |
| Name o | of Person | Area Code Daytii | me Telephone Number | | |
| Enclosed is a check for the | he 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) | | |
| <u>Mailing Addres</u> Registration ! | | <u>Street Address:</u> Registration S | ection | | |
| Division of C | Corporations | Division of Co | Division of Corporations | | |
| P.O. Box 632 Tallahassee | | The Centre of | | | |
| Tallahassee, | | | oe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Cedars Lodge and Space EB-5 Funding LLC

2023 JAN 25 AM 9: 30

(Name of the Limited Liability Company as it now appears on our records) RETARY OF STATE

(A Florida Limited Liability Company)

TALL ARA SSEE FI The Articles of Organization for this Limited Liability Company were filed on 10/12/2020 _____ and assigned Florida document number L20000-325-604 This amendment is submitted to amend the following: A. 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 "LLC." 12555 Biscayne Blvd., Unit 824 Enter new principal offices address, if applicable: North Miami, FL 33181 (Principal office address MUST BE A STREET ADDRESS) 12555 Biscayne Blvd., Unit 824 Enter new mailing address, if applicable: North Miami, FL 33181 (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: Bennett Blachar Name of New Registered Agent: -12810 Maple Road New Registered Office Address: Enter Florida street address North Miami _____, Florida 33181 Zin 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.

Bennett Blackar

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|-----------------|
| MGR | Cedars Lodge and Spa EB-5 Investor Management LLC | 12555 Biscayne Blvd., Unit 824, North Miami FL 33181 | □Add |
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| Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | ck does not meet the applicable : | te of filing or more than 90 da | (optional) ys after filing.) Pursua its, this date will no | int to 605,0207 of be listed as |
| e record specifies a delayed effective rd is filed. | date, but not an effective time, a | at 12:01 a.m. on the earlier | of: (b) The 90th | day after the |
| January 24 Dated | 2023 | | | |
| | | | | |
| | Bennett Blachar | | | |