L21000427695

1	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
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☐ PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	-
Certified Copies	Certificates of	Status
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COVER LETTER

TO:		istration Sec ision of Corp			
CUD ITA		EPG Two R	ivers QOF, LLC	\ *	
SUBJEC	UI:		Name of Lim	ited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			Brian Rose		
				Name of Person	
			EPG Two Rivers QOF, LL	c	
			Firm/Company		
			111 S Armenia Ave, Ste 20	01	
			Address		
			Tampa, FL 33609		
				City/State and Zip Code	
			brose@eisenhowerproperty;	group.com to be used for future annual report notification)	
For furth	ner in	iformation co	oncerning this matter, please of	,	
Brian Ro	osc			813 610-3043	
		Name of	f Person	at () Area Code Daytime Telephone Number	
Enclosed	d is a	check for th	e following amount:	<u></u>	
□ \$ 25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ling Address		Street Address:	
		gistration S vision of C	Section orporations	Registration Section Division of Corporations	
		Box 632		The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPG Two Rivers QOF, 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 $\frac{9/29/2021}{1}$ and assigned Florida document number L21000427695 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 "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

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.

City

_, Florida _

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	Jeffery S. Hills	111 S Armenia Ave, Ste 201, Tampa, FL 33609	□ Add
			■Remove
			□Change
MGR	Eisenhower Management, Inc.	111 S Armenia Ave, Ste 201, Tampa, FL 33609	= Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□ Change

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T 42	e date, if other than the date of it	not meet the applicab	date of filing or more than ole statutory filing requi	90 days after filing rements, this date	.) Pursuant to 605.020 will not be listed as
ote: If	the date inserted in this block does it's effective date on the Department	it of State's records.			
ote: If	the date inserted in this block does it's effective date on the Department	it of State's records.			
ote: If cument ecord s	it's effective date on the Department specifies a delayed effective date, bu		e, at 12:01 a.m. on the e	earlier of: (b) T	ne 90th day after the
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Filing Fee: \$25.00