L21000427700

(Requestor's Name)	
(Address)	
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(C): (C):	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(boodinant validat)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor		5. · · · · · ·			
CUBIC		Rivers QOZP, LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Brian Rose				
			Name of Person			
		EPG Two Rivers QOZP, L	LC			
			Firm/Company			
		111 S Armenia Ave, Ste 26	01			
	Address					
	Татра, FL 33609					
		-	City/State and Zip Code	,		
		brose@eisenhowerproperty	·			
		E-mail address: (to be used for future annual report notification	ation)		
For furti	her information c	oncerning this matter, please c	all:	-		
Brian R	osc		813 610-3043 at ()	 3.5		
	Name o	f Person		Telephone Number		
Enclose	d is a check for tl	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)		
	Mailing Addres		Street Address:	:		
Registration Section Division of Corporations			-	Registration Section Division of Corporations		
	P.O. Box 632	•	The Centre of Tal			
Tallahassee FI 32314			2415 N. Monroe !	Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000427706.	y were filed on <u>9/29/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, <u> </u>
(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 agent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	:5
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, ar	nd I am familiar with and

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>	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
			DChange
_			□ Add
			□Remove
			□Change
			bbA
			□ Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

					
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e: If the date	other than the date of listed, the date must be spontingerted in this block do live date on the Department	es not meet the app	licable statutory	or more than 90 days a filing requirements,	ptional) after filing.) Pursuant to 605 this date will not be liste
cord specifies a filed.	a delayed effective date,	but not an effectiv	e time, at 12:01 a	i.m. on the earlier of	(b) The 90th day after
ed	6/22	, <u>v</u> u	<u>, </u>		
		/ V	1		

Filing Fee: \$25.00

COVER LETTER

TO: Reg	istration Se ision of Cor	ction porations			
SIID IECT.	EPG Two R	ivers QOZP, LLC			
Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are su	bmitted for filing		
		ndence concerning this matter	_		
		Brian Rose			
			Name of Person		
		EPG Two Rivers QOZP, i	LLC		
			Firm/Company		
		111 S Armenia Ave, Ste 2	01		
			Address	· ·	
		Tampa, FL 33609			
			City/State and Zip Code	 .	
		brose@eisenhowerproperty			
			to be used for future annual report notif	ication)	
For further inf	formation co	ncerning this matter, please c	all:	•	
Brian Rose			813 610-3043		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ling 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Corp The Centre of Ta	oorations Illahassee		
1 4116		J J L J L T	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303