

L15 000065894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

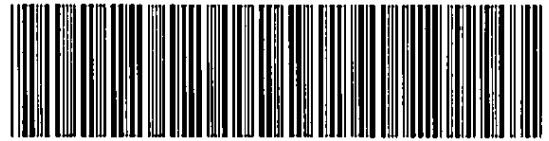
(Business Entity Name)

(Document Number)

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2020 MAY 04 PM 1:54

Amend
Klanc chg

MAY 20 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

EXAN INVESTMENTS L.L.C.

SUBJECT: _____
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:

JUAN ARCILA

Name of Person

EXAN INVESTMENTS L.L.C.

Firm/Company

58 BAY HEIGHTS DRIVE

Address

MIAMI, FL. 33133

City/State and Zip Code

jgal1977@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN ARCILA

305 244 - 3954

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

EXAN INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 MAY 04 PM 1:54
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 15, 2015 and assigned
Florida document number 1.15000065894.

This amendment is submitted to amend the following:

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

FourStar Houston Investment 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:

58 Bay Heights Drive, Miami FL 33133

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

58 Bay Heights Drive, Miami FL 33133

(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:

JUAN ARCILA

New Registered Office Address:

58 Bay Heights Drive,

Enter Florida street address

MIAMI

Florida

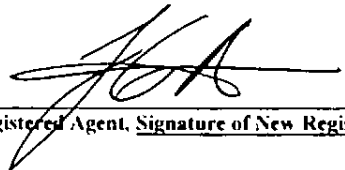
33133

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>
AMBR	JUAN J ZARAGOZA	1111 BRICKELL AVE, SUITE 2175	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AUGUSTO T VON HARTZ	1111 BRICKELL AVE, SUITE 2175	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN ARCILA	58 BAY HEIGHTS DRIVE,	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33133	<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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(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)

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.

Signature of a member or authorized representative of a member

Filing Fee: \$25.00