| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| CHD ICA | EC Star Po | | | |
| SUDJEK. | T: | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | Allan Bessada | | |
| | | | Name of Person | |
| | | Bessada Consulting Inc | | |
| | | | Firm/Company | |
| | | 8015 International Drive # | 405 | |
| | | | Address | |
| | | Orlando FL 32819 | | |
| | | | City/State and Zip Code | |
| | | michelle.k@excellencecapi E-mail address: (| tal.co to be used for future annual report notif | ication) |
| For furth | er information c | oncerning this matter, please ca | | · |
| Allan Be | essada | | 407 917-0804 at () Area Code Daytime | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for the | ne following amount: | | |
| \$25.0 | 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EC Star Pointe LLC | | | | | |
|---|---|---|---------------------|---------------------|-----------------------------|
| (<u>Name of the Limit</u> | d Liability Compa (A Florida Limited | uny as it now appears on our record Liability Company) | <u>s.</u>) | | |
| The Articles of Organization for this Limited Liability Company were filed on 3/8/2018 Florida document number 1.18000058999 | | | | _ and assigned | |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation "LLC | " or the abbrevi | ation "L.L.(| <u></u> |
| Enter new principal offices address, if applicable: | | 8015 International Drive #405 | | | 9 |
| (Principal office address MUST BE A STREE | T ADDRESS) | Orlando, FL 32819 | | B AUG | SEGRE |
| | | | | 5 | 뭐고 522 |
| Enter new mailing address, if applicable: | | 8015 International Drive #405 | | 7 | 74390 8 A OL 17 13 13 |
| (Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | Orlando FL 32819 | | —မာ- | 25 E |
| | | | 39 | 580 | |
| B. If amending the registered agent and/or the new registered of | | | s, <u>enter the</u> | name_of | the nev |
| Name of New Registered Agent: | gistered Agent: Bessada Consulting Inc | | | | |
| New Registered Office Address: | 8015 Internation | onal Drive #405 | | | |
| | Enter Florida street address | | | | |
| | Orlando | | orida <u>32819</u> | | |
| | City | Z | ip 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> | Address | Type of Action |
|--------------|------------------------|-------------------------------|----------------|
| MGR | Oren Segev | 7345 Greenbriar Parkway | |
| | | Orlando FL 32819 | ■ Remove |
| | | | □ Change |
| MGR | Bessada Consulting Inc | 8015 International Drive #405 | ⊒ Add |
| | | Orlando FL 32819 | □ Remove |
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| Tective date, if other than the | date of filing: 08/13 | /2018 | (| optional) | |
| an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De | t be specific and cannot book does not meet the a | pplicable statutory | g or more than 90 days | s after filing.) Pursuant to 6 | |
| e record specifies a delayed The 90th day after the reco | effective date, buord is filed. | it not an effect | ive time, at 12: | 01 a.m. on the ear | iler (|
| | 2018 | | , / / | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00