1/10/2019

L12000140616

Division of Corporations

Florida Department of State
Division of Corporations
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(((H19000011735 3)))

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
A&P HOSPITALITY LLC

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EXAMINER

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H19000011735 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A&P HOSPITALITY 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 11/06/2012 and assigned Florida document number H12000140516.

This amendment is submitted to amend the following:

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

COLLEGIATE TRAVELS, 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:
(Principal office address MUST BE A STREET ADDRESS)

4300 Southwest 73rd Avenue, Suite 110
Miami, Florida 33155

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2019 JAN 10 AM 9:28

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: PATRICK LOWENTHAL

New Registered Office Address: 901 MALAGA AVENUE
Enter Florida street address

CORAL GABLES, Florida 33134
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.

★ Patrick Lowenthal
If Changing Registered Agent, Signature of New Registered Agent

H19000011735 3

H19000011735 3

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

Title	Name	Address	Type of Action
MGR	ANSHU ARORA	699 West Gaines Street, Apt. 332 Tallahassee, Florida 32304	☐ Add ☒ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

2019 JAN 10 AM 9:28

H19000011735 3

H19000011353

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2019 JAN 10 AM 9:28

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 1/10/19

Patrick Lowenthal
Signature of a member or authorized representative of a member

Patrick Lowenthal
Typed or printed name of signee

Filing Fee: $25.00

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