

L17000033971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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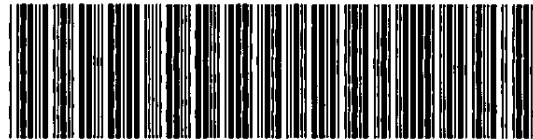
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOSTELSHOMES, LLC

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:

FABIO SALES SANTOS

Name of Person

Firm/Company

919 WINDROSE DR.

Address

ORLANDO, FL 32824

City/State and Zip Code

JUANA.POU@HOSTELSHOMES.COM

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

For further information concerning this matter, please call:

FABIO SALES SANTOS

Name of Person

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

HOSTELSHOMES 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 FEBRUARY 13, 2017 and assigned
Florida document number L17000033971.

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)

963 SUFFOLK PLACE

DAVENPORT, FL 33896

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:

JUANA TEOLINDA POU

New Registered Office Address:

963 SUFFOLK PLACE

Enter Florida street address

DAVENPORT

, Florida

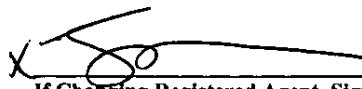
City

33896

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>
MGRM	FABIO SALES SANTOS	963 SUFFOLK PLACE	☐ Add
		DAVENPORT, FL 33896	☐ Remove
			☒ Change
MGRM	JUANA TEOLINDA POU	963 SUFFOLK PLACE	☒ Add
		DAVENPORT, FL 33896	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA
17 JUN 26 AM 7:34

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.

Dated JUNE 23, 2017

0th day after the record is filed.

JUNE 23, 2017

X 

Signature of a member or authorized representative of a member

FABIO SALES SANTOS

Typed or printed name of signee