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W. C.

JAN 2 & 2021 I ALBRITTON

## **COVER LETTER**

	on Section f Corporations
C1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STELS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	les of Amendment and fee(s) are submitted for filing.
Please return all c	rrespondence concerning this matter to the following:
	Marcos Vinicius C Assad Bravo
	Name of Person
	BHostels LLC
	Firm/Company
	13519 Buckhorn Run Ct
	Address
	Orlando, FL 32837
	City/State and Zip Code
	hsd@hsdhospitality.com  E-mail address: (to be used for future annual report notification)
For further inform	tion concerning this matter, please call:
Marcos Vinicius	Assad Bravo 480 4278785 at ( )
	lame of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
□ \$25.00 Filing	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registr	ddress: Street Address: tion Section Registration Section
Divisio	of Corporations Division of Corporations
P.O. Bo Tallaha	t 6327 The Centre of Tallahassee see, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

24. 12 A. 10:25 BHOSTELS 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 January 8th, 2021 \_\_\_\_ and assigned Florida document number \_\_\_\_\_\_. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **Bposhtels LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A (still the same) Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A (still the same) Enter new mailing address, if applicable: (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: N/A (still the same) Name of New Registered Agent: N/A (still the same) New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_\_\_ City

## 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 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>	Type of Action
	N/A (still the same)		□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change

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