11/2/22, 12:14 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: remaloel2@msn.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ART HOSTEL GROUP LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART HOSTEL GROUP I	LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA		and assig	pred
Florida document number 1.21000466379				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the ab	obreviation "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)				
B. If amending the registered agent and/or registered office	address on our records,	enter the nam	ic of the new	registere
agent and/or the new registered office address here:			ir.	202
Name of New Registered Agent:	<del></del>			<u>&gt;</u>
New Registered Office Address:	Enter Florida street	oddress .		
		, Florida	A	
<del> </del>	Ciry	, 1701103	Zip Cod	
New Registered Agent's Signature, if changing Registered Agent	i		မ	

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> Fitle</u>	Name	<u>Address</u>	Type of Action
AMBR	IVONNE SIMOES	2066 CAPE HEATHER CIR	
		CAPE CORAL, FL 33991	■Remove
			□Change
			□Add
			□Remove
			□Add
			□Remov <b>e</b>
			☐ Change
		⊡Add	
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Note:	tive date, if other than the date of filing:  (optional)  Rective 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 605.02.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
n <b>e re</b> co ord is f	ord 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
Dated	11/2/2022
	Euros Simos
	Signature of a member or authorized representative of a member

Typed or printed name of signee