Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000100548 3)))



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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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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

ART HOSTEL GROUP LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000466379	were filed on 10/26/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:		2025
(Mailing address MAY BE A POST OFFICE BOX)		- I
2271 001 01102		- - =
		· m
B. If amending the registered agent and/or registered office	address on our records, <u>er</u>	nter the name of the new register
agent and/or the new registered office address here:		: 2 8
Name of New Registered Agent:		3
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street aa	ddress
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

TO:18506176383 FROM:8883447262

Page: 4

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

03/18/2025 07:08 AM

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDERSON J PEREIRA SIMOES	5895 NW 12TH AVE	🗆 Add
		MIAMI, FL 33127	■Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			
			Remove
			□ Change

	
	
	
	<u></u>
Effective date, if other than the date of filing:) Pursuant to 605.0207 (3 will not be listed as th
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thord is filed.	e 90th day after the
Dated	
La company of the com	
Signature of a member or authorized representative of a member	
LUCIANO SIMOES	

Filing Fee: \$25.00