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SEP 0 1 2015 A RAMSEY

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Prestige	Travel Syst	ens, Inc.	
DOCUMENT NUMBER:	P00000067	519		
The enclosed Articles of Amendm	ent and fee are subn	nitted for filing.		
Please return all correspondence co	oncerning this matte	r to the following:		
	Pan	nda Evans		
Name of Contact Person				
	Prestic	Firm/Company	ystems	
			rd. Suite 100	
	1 ampa	FL 330 City/ State and Zip Coo	8اه	
		City/ State and Zip Coo	16	
E-mail	dmin@ ore address: (to be used	stige travel for future annual repor	t notification)	
For further information concerning	g this matter, please	call:		
Anita Las		at (813	574-1101 ode & Daytime Telephone Number	
Name of Contact P	erson	Area C	ode & Daytime Telephone Number	
Enclosed is a check for the following	ing amount made pay	yable to the Florida Dep	partment of State:	
_	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addres			t Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL	32314		Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation			FILEO		
Prestige	of LTravel Su	ustems TAB	.AUG 28 PM 2: 21		
(Name of Corp	oration as currently fi	ed with the Florida Dept	of State) OF STATE		
P0000006		je gr	LAHASSEE, FLORIDA		
	Document Number of Co	rporation (if known) 🥻	The state of the s		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Flo	rida Profit Corporation ac	lopts the following amendment(s)		
A. If amending name, enter the new name of	the corporation:				
			The new		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	'Corp," "Inc," or "Co"	'. A professional corpore	rated" or the abbreviation		
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREET</u>					
	-				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F PAY				
(making dualess MAT DE A FOST OFFIC	E BUA)				
	-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or renew registered agent and/or the new regis		in Florida, enter the nan	ne of the		
Name of New Registered Agent					
	(Florida street d	nddress)			
V D 1000			771 1		
New Registered Office Address:	(Cii	v)	, Florida (Zip Code)		
New Registered Agent's Signature, if changin Thereby accept the appointment as registered ag		and accept the obligation	s of the position.		
	Signature of New Regi	stered Agent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	re, and sany i	ommi, or an anziwa.	
X Change	PT Je	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Amaris Kroslak	2803 W. Busch Blvd
Add			Suite 100
X Remove			Tampa FL 33618
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassification	, or cancellation	of issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	idment if not contain	ed in the amendr	nent itself:	
(g not applicable, maleure (471)				
	· · · · · · · · · · · · · · · · · · ·		 	
		·		
		· 		

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	er than the
Effective date if applicable: July 3, 2015	_
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature anta Las Cala	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Anita La Scala (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
Director	
(Title of person signing)	_