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.

(((H19000272148 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LENSUR CORP Account Number : 120180000038 Phone : (305)364-8824 Fax Number : (305)364-8824

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIG

MK TRAVEL CONSULTANTS CORP Certificate of Status 0 Ccrtified Copy 0 Page Count 01 Estimated Charge \$35,00

Electronic Filing Menu Corporate Filing Menu

Help 1 11

BLOZ I J d3S

ž

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	MK TRAVEL CO	NSULTANTS CORP	
	BER: P19000066523		
	of Amendment and fee are st		
Please return all corres	pondence concerning this ma	itter to the following:	
	MONICA MARGARITA K		
		Name of Contact Perso	11
	PRESIDENT		
•		Firm/ Company	·
	6447 MIAMI LAKES DR E	AST STE 103 F	
•		Address	
	MIAMI LAKES, FL 33014		
-	····	City/ State and Zip Cod	c
lensur	-accounting@live.com		
		sed for future annual report	notification)
Fer further information	concerning this matter, pleas		3648824
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made: \$43.75 Filing Fee & Certificate of Status	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio	(Additional Copy is enclosed) Address Iment Section on of Corporations
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



MK TRAVEL CONSULTANTS CORP	12013 SEP 11 A 14: 84
(Name of Corporation as	currently filed with the Florida Dept. of State)
P19000066523	STORT BARY OF STAT" TABLEARASSEE; FLORIDA
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tates, this Florida Profit Corporation adopts the following amendment(s)
A. Hamending name, enter the new name of the corner	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
	•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Avent	
	Floridu street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registers	ed Agent:
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signatura	of New Registered 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 = Chairmon 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: X Change	<u> 77.</u>	John Doc		
X Remove	У	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	P	LAURA PERDOMO	6447 MIAMI LAKES DR EAST	
Add			STE 103F	
X Remove			MIAMI LAKES, F1. 33014	
2) Change	P	MONICA MARGARITA KNULL	6447 MIΛMI LAKES DR EΛSΤ	
X Add		····	STF 103F	
Remove			MIAMI LAKES, FI, 33014	
3) Change	S	GONZALO DE ARBELAIZ	6447 MIAMI LAKES DR EAST	
X Add			STE 103F	
Remove			MIAMI LAKES, FL 33014	
4) Change	T	MARTIN DE ARBELAIZ	6447 MIAMI LAKES DR EAST	
XAdd			STE 103F	
Remove			MIAMI LAKES, FL 33014	
5)Change	,, , , ,	<u></u>		
Add				
Remove				
6) Change				
Add				
Remove				

		(Be specific)			
	.,,				
•					
		- w			· · · · · · · · · · · · · · · · · · ·
<u></u> _	<u> </u>	- 10			

······································		***************************************		· · · · · · · · · · · · · · · · · · ·	7-1984
——————————————————————————————————————					
**** -					
					
				1 == 1	
. —		·····			
					
					, , , , , , , , , , , , , , , , , , ,
	,				
	·		/		
					
		ange, reclassificatio			
rovisions for imp	ole, indicate N/A)				
rovisions for imp					
rovisions for imp				.,	
rovisions for imp					
rovisions for imp					
rovisions for imp					
rovisions for imp					
rovisions for imp					
rovisions for imp					
rovisions for imp				;	
rovisions for imp				;	
rovisions for imp				;	
rovisions for Imp (if not applicab	ole. indicate N/A)			;	
rovisions for imp	ole. indicate N/A)			;	
rovisions for Imp (if not applicab	ole. indicate N/A)			;	
rovisions for Imp (if not applicab	ole. indicate N/A)			;	

	09/11/2019	
The date of cach amendment(s) a date this document was signed.	doption:	, if other than the
09/ Effective date <u>if applicable</u> :	1/2019	
	(no more than 90 days after amo	ndment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory figure and of State's records.	ting requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes of ficient for approval.	s cast for the amendment(s)
	proved by the shareholders through voting ground each voting group entitled to vote separately of	
"The number of votes cas:	for the amendment(s) was/were sufficient for a	pproval
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareho	der action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder	action and shareholder
09/11/2019 Dated Signature \	9 200	
(Była d selecte	frector, president or other officer – if directors I, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	
	LAURA PERDOMO	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing)