## 24202/

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<b>≠</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000187939920

11/22/10--01031--004 \*\*35.00

Amrs

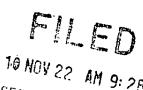


## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	PORATION: K	ION: KIRSTEN TRAVEL AGENCY, INC				
DOCUMENT NU	MBER:	242021				
The enclosed Artic	les of Amendment and fee a	are submitted for filing.				
Please return all co	rrespondence concerning th	is matter to the following:				
		RNANDO DA SILVA				
	•	lame of Contact Person				
	KIRSTEN	N TRAVEL AGENCY, INC				
		Firm/ Company				
_	175 SW	7TH STREET STE 1805				
		Addr <del>e</del> ss				
	ł	MIAMI, FL 33130				
•	C	ity/ State and Zip Code	-			
	fd@bi E-mail address: (to be use	rickelltravel.com d for future annual report notification)	····			
For further informa	tion concerning this matter,	please call:				
FERM	NANDO DA SILVA	at (	356-8889			
Name	of Contact Person	Area Code & Daytime Te	lephone Number			
Enclosed is a check	for the following amount n	nade payable to the Florida Depai	rtment of State:			
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	ele			

## Articles of Amendment to Articles of Incorporation of



KIRSTEN T	RAVEL AGE	NCY, INC.	SECRETARIA 9: 28
(Name of Corporation as cu	rrently filed with	the Florida Dept.	SECRETARY OF STATE OF STATE
	242021		PLORIDA
(Document N	lumber of Corporat	tion (if known)	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		ntes, this <i>Florida F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name	e of the corporation	on;	
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "p	the designation "C	Corp," "Inc," or "(	Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		175 SW 7TH	STREET
		SUITE 1802	
		MIAMI, FL 33	130
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ole: FICE BOX)	175 SW 7TH S	STREET
		SUITE 1802 MIAMI, FL 331	130
If amending the registered agent and/o new registered agent and/or the new resistered agent.			a, enter the name of the
Name of New Registered Agent:	GUILLERMO DE HOWARTZ		<u>z</u>
	18459 PINE	S BLVD STE 22	2
New Registered Office Address:	(Flor	ida street address)	
	PEMBROKE	PINES	, Florida 33029
	(City)	)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registered			pt the obligations of the position.
-	Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	DECARDENAS JR,RAMIR	600 BILTMORE WAY #1214 CORAL GABLES, FL 33134	_ ☐ Add _ ☑ Remove
DIREC	MAIKEL RODRIGUEZ	175 SW 7TH STREET SUITE 1805 MIAMI, FL 33130	_ ☑ Add _ □ Remove
DIREC	MICHAEL RODRIGUEZ	175 SW 7TH STREET SUITE 180 MIAMI, FL 33130	_ 🛭 Add _ 🔲 Remove
	ling or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
ADDITIO	NAL DIRECTOR: CLEWERTON FI	ERNANDO DA SILVA	
ADDRES	S:175 SW 7TH STREET, SUITE 1	80 <b>5</b> , MIAMI, FL 33130	
	nendment provides for an exchange, re ons for implementing the amendment if		
	ot applicable, indicate N/A)		
N/A			
<del></del>			· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: OCTOBE	R 1, 2010	
Effective date <u>if applicable</u> :	OCTOBER 1, 2010	of adoption is required)	
	(no more than 90 days aj	fler amendment file date)	
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )	
The amendment(s) was/we by the shareholders was/w			es cast for the amendment(s)
The amendment(s) was/we must be separately provide			
"The number of votes	cast for the amendment(s)	was/were sufficient for a	pproval
by		,"	
,	(voting group)		
The amendment(s) was/we action was not required.  The amendment(s) was/we action was not required.			
sele	8/2010  a director, president or otlected, by an incorporator— pointed fiduciary by that fid	if in the hands of a receiv	
	CLEWERION	free name of person sign	DASILVA
	(Typed or pr	inted name of person sign	ing)
		DIRECTOR	
	(Title of person s	signing)	