

WLS CSC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

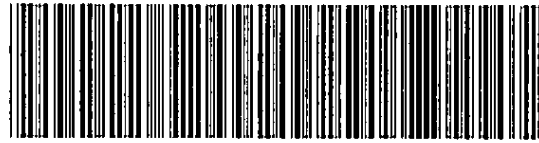
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/27/21--01033--018 **35.00

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2021 SEP 27 PM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2021

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HART TRAVEL AGENCY INC
DOCUMENT NUMBER: 668080

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADELE THOMPSON
Name of Contact Person
HART TRAVEL AGENCY
Firm/ Company
1201 HILLCREST CT #206
Address
HOLLYWOOD FL 33021
City/ State and Zip Code
GODIST@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADELE THOMPSON at (954) 987-0065
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

HART TRAVEL AGENCY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

668080

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

NO PUBLIC ACCESS USED ONLY
AS A MAILING ADDRESS

1201 HILLCREST CT

APT 206

HOLLYWOOD FL 33021

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1201 HILLCREST CT

APT 206

HOLLYWOOD, FL 33021

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

1201 HILLCREST CT, HOLLYWOOD, Florida 33021

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

Check if applicable ²

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 9/25/2021
(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 listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)"

Dated SEPT. 19, 2021

Signature Adele J Thompson

(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)

ADELE J THOMPSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA



Hart Travel Agency

6000 NE 22nd Way #5E
FT. LAUDERDALE, FLORIDA 33308

Please note that our address has changed from the above to:

Hart Travel
1201 Hillcrest Ct
Unit #206
Hollywood, FL 33021

The Phone Number and email information stays the same.

Please let us know if you need any additional verification or information.

Adele Thompson
Adele Thompson
President

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA:
Business Name: HART TRAVEL AGENCY

Receipt #: 328C-438
Business Type: TRAVEL AGENCY (TRAVEL AGENCY)

Owner Name: HART TRAVEL AGENCY INC
Business Location: 1201 HILLCREST CT #206
FT LAUDERDALE
Business Phone: 563-4111

Business Opened: 09/03/2008
State/County/Cert/Reg: EXEMPT LTR/ST21703
Exemption Code:

Rooms

Seats

Employees

5

Machines

Professionals

For Vending Business Only						
Number of Machines:			Vending Type:			
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	3.30	0.00	0.00	0.00	0.00	36.30

Department of Health • Vital Statistics

**STATE OF FLORIDA
MARRIAGE RECORD**

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.Date Returned: **MAY 03 2013**Recorded: Book **2013** Page **5184**

Howard C. Forman, Clerk of Court

By: **T.F.** Deputy Clerk

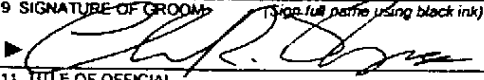

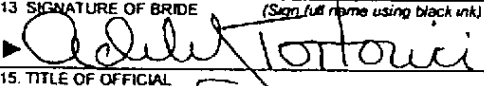
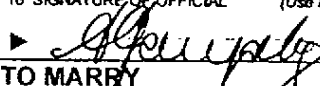
ML-SO-2013-000446

APPLICATION NUMBER

APPLICATION TO MARRY

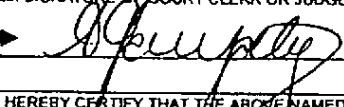
1. GROOM'S NAME (First, Middle, Last) CHARLES ROBERT THOMPSON III			2. DATE OF BIRTH (Month, Day, Year) FEB 08, 1954		
3a. RESIDENCE - CITY, TOWN, OR LOCATION HOLLYWOOD		3b. COUNTY BROWARD		3c. STATE FLORIDA	
4. BIRTHPLACE (State or Foreign Country) DISTRICT OF COLUMBIA			5. DATE OF BIRTH (Month, Day, Year) DEC 13, 1952		
5a. BRIDE'S NAME (First, Middle, Last) ADELE JEAN TORTORICI			5b. MAIDEN SURNAME (if different) KAUFMAN		
7a. RESIDENCE - CITY, TOWN, OR LOCATION FT LAUDERDALE		7b. COUNTY BROWARD		7c. STATE FLORIDA	
8. BIRTHPLACE (State or Foreign Country) NEW JERSEY					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR 11, 2013	
11. TITLE OF OFFICIAL DEPUTY CLERK ARACELIZ GONZALEZ		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAR 11, 2013	
15. TITLE OF OFFICIAL DEPUTY CLERK ARACELIZ GONZALEZ		16. SIGNATURE OF OFFICIAL (Use black ink) 	

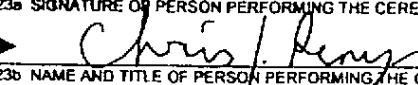
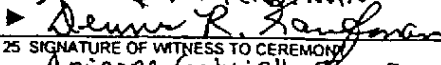

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD		18a. DATE LICENSE ISSUED MAR 11, 2013		18b. DATE LICENSE EFFECTIVE MAR 14, 2013		19. EXPIRATION DATE MAY 12, 2013	
20. SIGNATURE OF COURT CLERK OR JUDGE 				20b. TITLE DEPUTY CLERK ARACELIZ GONZALEZ		20c. BY D C	

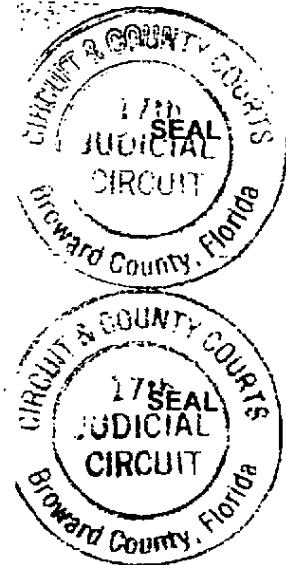
CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month/Day/Year) April 27th 2013		22. CITY, TOWN, OR LOCATION OF MARRIAGE Fort Lauderdale	
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) 		23c. ADDRESS (of person performing ceremony) 33316 2700 Mayan Dr. Fort Lauderdale, FL	
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) Chris J. Reay / Chris J. Reay Pastor		24. SIGNATURE OF WITNESS TO CEREMONY DEWIS R. KAUFMAN 	
		25. SIGNATURE OF WITNESS TO CEREMONY Ariane Gabrielle Jones 	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

G 26. SOCIAL SECURITY NUMBER | 27. RACE | 28. WERE YOU EVER | IF ANSWER IS YES TO ITEM 26, THEN COMPLETE ITEMS 29A, 29B, 29C



SEAL