F87302

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	<u>-</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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2010 FEB 26 AM 9: 43
SECRETARY OF STATE
FALLAHASSEE, FLORIFIA

Amend

B MAR - 2 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: FOUR AM	BASSADORS TRAVEL, 11	UC·
DOCUMENT NUI	MBER: <u>F87302</u>		
The enclosed Articl	les of Amendment and fee ar	re submitted for filing.	
Please return all con	rrespondence concerning this	s matter to the following:	
	ELAINE	KOMMERS	
_		ame of Contact Person	
-	FOUR AME	BASSADORS TRAVEL, INC Firm/Company	<u> </u>
-	1350 SW	57 AVENUE SUITE	101
		L 33155 ty/State and Zip Code Cambassadors travel. Code If for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
ELAINE	E KOMMERS	at (305) 444 191	91 X 113
Name	of Contact Person	at (305) 444 19	hone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Departm	ent of State:
区\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

`		•	Articles of Amendment to Articles of Incorporation of	200 F. 12 F.D.
 	(Name o	FOUR f Corpora	AMBASSADORS TRAVEL, INC. tion as currently filed with the Florida Dept. of State)	MILASSE OF S. 4.3
		. (Do	F87302 ocument Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

	"company," or "incorporated" or the "or "Co". A professional corporation the abbreviation "P.A."
Cable:	
<u> </u>	
gistered office address in ered office address:	n Florida, enter the name of the
(Florida street a	address)
	lesignation "Corp," "Incessional association," or cable: **CADDRESS**) **E BOX*) gistered office address in

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
DIRECTOR	MELISSA HONEYCUTT	P.O.BOX 432794 MIAMI, FL 33156	_ ☑ Add □ Remove
			☐ Add☐ Remove
			_ □ Add _ □ Remove
(anach aaa	litional sheets, if necessary). (Be specij	nc)	
provision	endment provides for an exchange, recast for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s) a	$\frac{2/22}{10}$
- , , , , , , , , , , , , , , , , , , ,	(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statemen 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	ing group)
(vot	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required	opted by the incorporators without shareholder action and shareholder
Dated 2	122/10
Signature	Glaine & Kommin
(By a di selected appointe	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Elaine Kommers
	(Typed or printed name of person signing)
	Sec/ Trens
	(Title of person signing)