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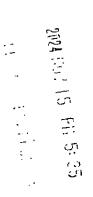
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	INCAS TRA	VEL LLC		
SUBJE.		Name of Lin	nited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please 1	return all correspon	dence concerning this matter	to the following:	
			ZEGARRA DEZA, JOSE A	
			Name of Person	
			INCAS TRAVEL LLC	
			Firm/Company	
		6303 WATERFO	ORD DISTRICT DR. SUITE 200	
			Address	
		N	MIAMI, FL 33126	
		·	City/State and Zip Code	
			mmanrique@glsccpa.com	
			to be used for future annual report noti	fication)
For furt	her information cor	ncerning this matter, please c	all:	
	ZEGARR	A DEZA, JOSE A	305 373-0123	
	Name of I	Person		e Telephone Number
Enclose	d is a check for the	following amount:		
□ \$25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	STRAVEL LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our r ida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L17000035588</u>	Company were filed on 02/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Inca Expert LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		nter the name of the new registered
Name of New Registered Agent:		
-		
New Registered Office Address:	Enter Florida street a	. Library
	r,mer r ioriga street a	CRU USS
	, 21.	, Florida
	Ciņ	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M	anagar
MCK - M	anager
4.54DD - 4.	uthorized Momban
AMDR - A	uthorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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