N 1800003082

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COVER LETTER

TO: Amendment Section Division of Corporations

Christian Missionaries	s Travel Agency,	Inc.			
N18000003082					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are subm	itted for filing.				
Please return all correspondence concerning this matter	to the following:				
	Fedilia Guzm	an			
(Name of Contact	Person)			
Christian	Missionaries Tra	avel Agency, Inc.			
	(Firm/ Company)				
	1101 N. 70th Terrace				
	(Address)	1			
	Hollywood, FL	33024			
(1)	City/ State and Zi	ip Code)			
fi	edilia.guzman@g	gmail.com			
E-mail address: (to be used to	for future annual	report notification)		
For further information concerning this matter, please c	all:				
Fedilia Guzman		954 at	993-6188		
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)		
Enclosed is a check for the following amount made pay	able to the Florid	a Department of S	state:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	343.75 Filing For Certified Copy (Additional coperations)	Certifi y is Certifi	P Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]	Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive Co	rations		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 MAR 27 PN 12: 03

Christian Missionaries Travel Agency, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000003082 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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 Not Applicable name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (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

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 = Chairman 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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TR	Walky Elouidor	10362 NW 16 Court
X Add		·	Coral Springs, FL 33071
Remove			·
2) Change	TR	Lulrick Balzora	10362 NW 16 Court
X Add			Coral Springs, FL 33071
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A Not Applicable	
	<u>.</u>
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	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but ument's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 03/22/2018	
	Signature Halella Just	_
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Fedilia Guzman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	