P0000023274

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2023 COT 11 KH 7: 5*

2023 GOT 11 - JOHN 7: 59

Ex0 6/22/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TMACL		\C		
DOCUMENT NUMB	er: <u>70000</u>	0023274			
The enclosed Articles of	f Amendment and fee are su	hmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
_	Jugit Over				
_	Name of Contact Person				
_	Imaginectour Inc				
Firm: Company					
18716 East Colonial DINE					
		Address			
_	Octor	lo Florida	<u> 32820</u>		
		City/ State and Zip Cod	e		
-	E-mail address: (to be us	MAGMECO	solado.com		
For further information	concerning this matter, pleas	se call:			
- Yiait		ar 407	, 948 53 47		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ing Address		Address		
	adment Section	Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Fallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Taliahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of

IMAGINETOUR	, Inc.	2023 CCT 11	<u> 811 7: 59</u>
(Name of Corporation as c	prrently filed with the Florida Dept.	of State)	
70000 <u>00</u> 2	3274		· · ·
(Document Nu	imber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statut Is Articles of Incorporation:	es, this Florida Profit Corporation ad-	opts the following ar	nendment(s) to
A. If amending name, enter the new name of the corpora	tion:		
			he new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	Co". A professional corporation na	or the abbreviation" me-must-contain th	Corp.," he word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the nan address:	ie of the	
Name of New Registered Agent			
d^{\dagger}	Torida street address)		
New Registered Office Address:	(City)	, Florida	ler
	icuy)	7	.,
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I om t	d Agent: lamiliar with and arcept the obligation.	s of the position.	
Sienaturo	of New Registered Agent, if changing		
, dentitive v	the control of the co		

Check if applicable

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

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)

Example:

Please note the officer director title by the first letter of the office title:

P President; V Vice President; T Treasurer; S Secretary; P 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.

X Change	<u>FT</u>	John D	tne -	
X Remove	$\underline{\mathbf{Y}}$	Mike Ju	<u>ones</u>	
X Add	\underline{SY}	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	MGA	2	YILMAZ, ARDA FIKRE	Orlando FL 32820
Add				W (11 000 12 2 - 21 2)
X_Remove				
2) Change		-		
Add				
Remove 3.) Change				
Add				
Remove				***
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6)Change				
Add				
Remaye				

Much additional sheets, if necessary).	(Be specific)
•	
· · · · · · · · · · · · · · · · · · ·	
111111111111111111111111111111111111111	
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate $N(A)$	
	

The date of each amendment(s) addate this document was signed.	loption:	if other than the
Effective date <u>if applicable</u> :	10/04/2023	
*	10/34/2023 (no more than 90 days after amendment)	ile date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requ partment of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east fo (fficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was were sufficient for approval	
by	1914 Orel	
,	(voting group)	
Dated	104/2023 april	
selecte	ire for president or other officer – if directors or officer. by an incorporator – if in the hands of a receiver, truicd fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·