P80000114281

(Danisa Andre Norma)
(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:
opeolar matruotions to 1 ming officer.

Office Use Only



000162483120

anera

11/09/09--01054--006 **35.00

ZUB9 NOV 18 PH 2: 21
SEGRETARY OF STATE
FALLAHASSEE: FLORID;

N /18/09

0078901168,00001

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TODA CUBA	TRAVEL & ENVIOS INC	<u>;</u>
DOCUMENT NUMI	BER: P00000114281		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
		DO SUAREZ	
	(Name of	Contact Person)	
	TODA CUBA TF	RAVEL & ENVIOS INC	
	(Firm	/ Company)	
	1880 W	FLAGLER ST	
		Address)	
	MALABAL E	LORIDA 33135	
		te and Zip Code)	
	A	Oh atmail a ana	
	E-mail address: (to be use	@hotmail.com d for future annual report notifica	tion)
For further informatio	n concerning this matter, please	e call:	
ROLANDO SUAR	EZ	at (305) 631-1818	3
(Name	of Contact Person)		e Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to the Florida Department	of State:
☑ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2009

Rolando Suarez Toda Cuba Travel & Envios Inc 1880 W. Flagler Street Miami, FL 33135

SUBJECT: TODA CUBA, TRAVEL & ENVIOS, INC.

Ref. Number: P00000114281

We have received your document for TODA CUBA, TRAVEL & ENVIOS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

and the are to be the Parity be paid in

हार के ... इसवर्ष केवार हा जिस्सार में खुटबंद अपूर्व हा की वास का की है।

Letter Number: 809A00035427

Division of Companytions D.O. DOV 0807 Mallaharras Elevida 20014

Articles of Amendment to Articles of Incorporation of

FILED

\ TRAVEL & EN	NVIOS INC	. 0=-	18 PM 2:21
urrently filed with t	the Florida Dep	t. of State) TALL AU	IRY OF STATE
200000114281			SSEE FLORID.
1006, Florida Statut on:	es, this <i>Florida</i>	Profit Corporation ad	opts the following
ie of the corporation	<u>n:</u>		
NONE			The new
the designation "Co	orp," "Inc," or	"Co". A professional	ted" or the
applicable: REET ADDRESS)	<u>N/A</u>		
ble:			
(FICE BOX)	.N/A		_
			_
		ida, enter the name of	the
N/A			
(Florid	da street addres:	<u>s)</u>	
,		7	
·		, Florida	
	Number of Corporation: 1006, Florida Statuton: 1008 1	Number of Corporation (if known) 1006, Florida Statutes, this Florida on: Re of the corporation: NONE in the word "corporation," "com the designation "Corp," "Inc," or professional association," or the all applicable: N/A EET ADDRESS ble: FICE BOX) N/A Or registered office address in Floregistered office address:	Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation address: NONE In the word "corporation," "company," or "incorporative designation "Corp," "Inc," or "Co". A professional sprofessional association," or the abbreviation "P.A." Applicable: N/A EET ADDRESS N/A Or registered office address in Florida, enter the name of egistered office address:

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>	Name	Address	Type of Action
P	ROLANDO SUAREZ	1880 W. Flagler St. MIAMI, FL. 33135	✓ Add ☐ Remove
VP	Marlenys C. Caballeros	10914 SW 38 Ter. Miami, FL 33165	
<u>P</u>	CARLOS PIFFERRER	1880 W. Flagler St Miami, Fl. 33135	☐ Add ☐ Remove
	ling or adding additional Articles, en Iditional sheets, if necessary). (Be sp		
<u>provisi</u>	nendment provides for an exchange, one for implementing the amendment of applicable, indicate N/A)		
-			

The date of each amendmen	
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.
	ere approved by the shareholders through voting groups. The following stateme ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ROLANDO SUAREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)