

P00000115454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

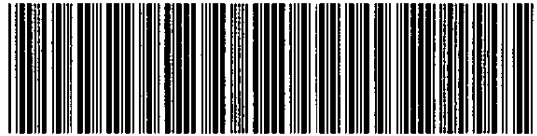
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 FEB 11 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC + Amend
2/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gama Tours Florida, Inc.

DOCUMENT NUMBER: P00000115454

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Wolis
(Name of Contact Person)

David A. Wolis, P.A.
(Firm/ Company)

3550 Powerline Road
(Address)

Fort Lauderdale, FL 33309
(City/ State and Zip Code)

For further information concerning this matter, please call:

David Wolis at (954) 491-0378
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$45.75 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Gama Tours Florida, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Gama Corporate Travel, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc." or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

1200 South Rogers Circle

(Principal office address MUST BE A STREET ADDRESS)

Suite 10, Second Floor

Boca Raton, FL 33487

C. Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Dov Kagan

New Registered Office Address:

1200 South Rogers Circle, Suite 10

(Florida street address)

Boca Raton

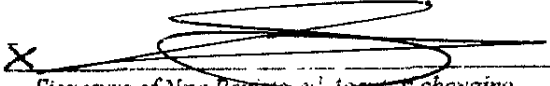
(City)

Florida 33487

(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.

X 
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
Pres.	Dov Kagan	1200 South Rogers Circle Suite 10, Second Floor Boca Raton, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Dir.	Dov Kagan	1200 South Rogers Circle Suite 10, Second Floor Boca Raton, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	(See Ex. A+B)		<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here.
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

exA.

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Yael Kagan, hereby resign as President
(Title)

of GAMA TOURS FLORIDA, INC.
(Name of Corporation)

P00000115454
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00**Make checks payable to Florida Department of State and mail to:**

Amendment Section
Division of Corporations
P.O. Box 6227
Tallahassee, Florida 32314

The date of each amendment(s) adoption: 2-6-09

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated February 6, 2009

Signature X

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dov Kagan

(Typed or printed name of person signing)

President

(Title of person signing)

Ex. B

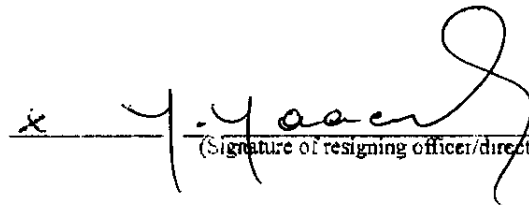
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Judith Jacoby, hereby resign as Secretary
(Name)

of GAMA TOURS FLORIDA, INC.
(Name of Corporation)

P00000115454, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00**Make checks payable to Florida Department of State and mail to:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32304