

PO1000035741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

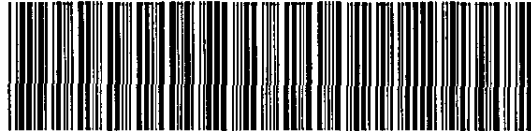
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Benedini Tours Inc.

DOCUMENT NUMBER: P01000035741

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

Please return all correspondence concerning this matter to the following:

Claudio Cipeda

(Name of Contact Person)

Benedini Tours Inc.

(Firm/ Company)

7345 Sand Lake Road Ste. 214/215

(Address)

Orlando, FL 32819

(City/ State and Zip Code)

For further information concerning this matter, please call:

Claudio Cipeda

(Name of Contact Person)

at (407) 354-2525

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Articles of Amendment
to
Articles of Incorporation
of

Benedini Tours Inc.

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

P01000035741

(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:

NEW CORPORATE NAME (if changing):

Alltour of America, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article I Place of Business

7345 Sand Lake Road Ste. 214/215

Orlando, FL 32819

Article V Officers Directors

President/Treasurer

Vice President/Treasurer

Claudio Cippeda

Silvana C Cippeda

10612 Holly Crest Drive

10612 Holly Crest Drive

Orlando, FL 32836

Orlando, FL 32836

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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TALLAHASSEE FLORIDA

The date of each amendment(s) adoption: November 7, 2005

Effective date if applicable: November 7, 2005
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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.

Signature _____

(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)

Jose M Behedini

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

Benedini Tour Inc.
P01000035741

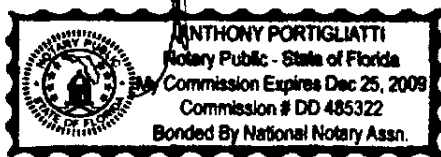
Registered Agent
Claudio Cipeda
10612 Holly Crest Drive
Orlando, FL 32836

I understand the position and am familiar with the obligations of the
Registered Agent.

I accept and agree on the duties and obligations of the Registered Agent.



Claudio Cipeda



STATE OF FLORIDA COUNTY OF ORANGE	
The foregoing instrument was acknowledged before me this <u>09</u> day of <u>11</u> , 20 <u>09</u> by <u>Claudio Cipeda</u>	
<u>Anthony Portigliatti</u> Not. Anthony Portigliatti	
Personally Known <u>✓</u>	OR Produced Identification <u>✓</u>
Type of Identification Produced _____	