P01000083612

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hialeah-Habana Ti	ravel, Inc.				
DOCUMENT NUMBER: P01000083612					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this man	tter to the following:				
Pedro Rodríguez Medina					
	Name of Contact Persor	1			
Hialeah-Habana Travel, Inc.					
	Firm/ Company	 -			
2100 SW Haltiwanger Rd					
	Address				
Lake City FL 32024-5480					
	City/ State and Zip Code	2			
p_rodriguezmedinal@yahoo.com					
E-mail address: (to be us	ed for future annual report	notification)			
For further information concerning this matter, pleas	se call:				
Pedro C. Rodríguez Medina	at (
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:			
\$35 Filing Fee \$\times \text{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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hialeah-Habana Travel, Inc.			
(Name o	f Corporation as current	tly filed with the Florida Dept	of State)
P01000083612			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat B. Enter new principal office address, (Principal office address MUST BE A S.) C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	ation "Corp," "Inc," or tion," or the abbreviation if applicable: TREET ADDRESS cable: OFFICE BOX	"Co". A professional corpora "P.A." 2100 SW Haltiwanger Rd Lake City FL 32024-5480 N/A	tion name must contain the
new registered agent and/or the new	N/A	<u> </u>	
Name of New Registered Agent	2100 SW Haltiwanger Ro		
		treet address)	
New Registered Office Address:	Lake City	, ett ma ressy	32024-5480 Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agen	, ,,	(Zip Code)
I hereby accept the appointment as regist			s 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	George Morffiz	5360 S.W. 35th Ct
Add X Remove			Davie, FL 33314
2) Change	VPD	Julio J. Martínez	780 W. 80th St.
Add			Hialeah, FL 331014
Remove 3)Change		N/A	
Add			
4) Change		N/A	`
Add Remove		•	
5) Change		N/A	
Add			
Remove			·
6) Change		N/A	
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
'A	
······································	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
A	

	August 1st 2016	
The date of each amendment (date this document was signed.	s) adoption:	, if other than the
mee at a hat te a altachia.	August 1st 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date wie Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Augus Dated Signature	t 1st 2016	
(By sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Pedro Rodríguez Medina	
	(Typed or printed name of person signing)	<u></u>
	Owner / Director / Incprporator	
	(Title of person signing)	