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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _C	Caribbean Hos	pitality Managen	nent Corporat	ion
DOCUMENT NUMBER: P0300	0105803			
The enclosed Articles of Amendme	ent and fee are s	submitted for filin	g.	
Please return all correspondence co	ncerning this n	natter to the follow	ving:	·
	Eula N	lelson	,	
	(Name of C	ontact Person)		
	CDC CO	NSULTING FI	IRM	
	(Firm/	Company)		
	4699 North	SR 7, Suite	Z	
	(Ad	ldress)		
· 	Tamarac,	FL 33319		
	(City/ State	and Zip Code)		
For further information concerning	this matter, ple	ase call:		,
Eula Nelson		at (954)	309-4280	
(Name of Contact Person)	•	(Area Code	& Daytime Tele	phone Number)
Enclosed is a check for the following	ng amount:			
\$35 Filing Fee \$43.75 Filing Certificate of		\$43.75 Filing Fe Certified Copy (Additional cop 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 Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations Center Circle	

Articles of Amendment to **Articles of Incorporation**

00	FILE	
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RPORATI	BYSEC F SI	<u> </u>

CARIBBEAN HOSPITALITY MANAGEMENT COR

(Na	me of corporation as currentl	v filed with th		SEFLOORE
. (*	F	<i>y</i>	·	" IONIDA
. •	P0300	0105803	•	
	(Document number	of corporation	ı (if known)	
Pursuant to the provision adopts the following ame				ofit Corporation
NEW CORPORATE N	AME (if changing):		·	
CARIBBEAN HOS	SPITALITY MANAGEN	MENT & T	RAVEL CORPOR	RATION.
(Must contain the word "corpo (A professional corporation m	oration," "company," or "incoust contain the word "charter	rporated" or t ed", "professi	he abbreviation "Corp., onal association," or the	" "Inc.," or "Co.") abbreviation "P.A.")
AMENDMENTS ADOI and/or Article Title(s) be				Article Number(s)
ADD - ARTICLE	VII - OFFICERS / [DIRECTO	RS	
Karlene Hibbert	Director			
6636 Arbor Dr.	Miramar, FL	33023	·	
			<u> </u>	
			·	
***************************************		· .		Marries .
		···		

(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)

The date of each an	nendment(s) adoption:
Effective date if an	plicable: July 26, 2006
	(no more than 90 days after amendment file date)
Adoption of Amend	lment(s) (<u>CHECK ONE</u>)
	ndment(s) was/were approved by the shareholders. The number of votes cast for dment(s) by the shareholders was/were sufficient for approval.
following	ndment(s) was/were approved by the shareholders through voting groups. The statement must be separately provided for each voting group entitled to vote by on the amendment(s):
"The	number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	ndment(s) was/were adopted by the board of directors without shareholder action cholder action was not required.
	ndment(s) was/were adopted by the incorporators without shareholder action and der action was not required.
Signa	(By a disease, president or other officer - if directors or officers have not been spected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Samuel Miller
	(Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35