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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: SEASUA	I TRAVEZ AC	COMMODATIONS ENC	_
DOCUMENT NUMB	0-101	00038154		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
-	SEASU~ 15394 S	Name of Contact Person I TLAVEL Firm/ Company W // 5 727 Address FL 33/ City/ State and Zip Cod	COMMODATIONS INC	
			Smail - Com Rotification)	OPPER STANDER STANDER
For further information	concerning this matter, pleas	se call:		3 €
MAGEL Name o	CWT/LYKE? f Contact Person		de & Daytime Telephone Number	·····································
linclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)	
Mail	ing Address	Street	Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

01	
SEASON TRAVET ACCOMMO	DOATIONS, INC
	y med with the Florida Dept. of State)
P05000038154	6/3 2 2 61
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation: SEASUA PROPERTIES.	SEASUN PROPERTY VENTURES, I
SEASUN PROPERTIES	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company, or incorporated or the appreviation Corp., A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Wed significant with the second secon
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	<u> </u>
Name of New Registered Agent	A/A
(Florida str	reet address)
New Registered Office Address:	A Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	arpropto with and accept the obligations of the position.
Cimonal Children	Registered Agent, if changing
Signature of New K	едыства Адені, у спандіну.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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.

X Change	<u>PT</u>	John D	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>unes</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change		_			
Add					
Remove					
2) Change				2023	0171
Add				2023 JUN	
Remove 3.) Change				<u> </u>	19, 1735 1860 JO VOISTAIG
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					

Attach additional sheets, if necessary). (Be specific)		
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	AD S	2
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for amondment amounts of insured should realise first on a consollation of insured should	•	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares provisions for implementing the amendment if not contained in the amendment itself:	<u>2</u> .	
(if not applicable, indicate N/A)		
N/A		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	~
by	DIVIŠIČKI DARIJA
(voting group)	NO.
	$\frac{1}{\omega}$
Dated (0/7/2023)	C →
	## 12: 40
Signature Trusteria	
(By a director, president of their officer - if directors or officers have not been	O
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	l
appointed fiduciary by that fiduciary)	
AWGEL GUTHTOET	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	