## P05000106852

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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Cruise Muse, Inc.
DOCUMENT NUMBER: P 05 000 10 6 852
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Beth Lindung Name of Contact Person
Cruise Muse, The
2125 Modera Court
Naples FL 34105 City/ State and Zip Code
Cru Se muse Quahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Many Beth Lindung at (239) (59-4484) 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 \$\ \text{Certificate of Status} \text{Status} \text{Status} \text{Status} \text{Status} \text{Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(Additional copy is enclosed)}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



February 12, 2010

MARY BETH LINDUNG CRUISE MUSE, INC. 2125 MODENA COURT NAPLES, FL 34105

SUBJECT: CRUISE MUSE, INC. Ref. Number: P05000106852

We have received your document for CRUISE MUSE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sing the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 110A00003687



## Articles of Amendment to Articles of Incorporation

Articles of incorporation Carry Articles of incorporation						
of Value of						
CHUISE MUSE, INC.						
(Name of Corporation as currently filed with the Florida Dept. of State)						
779						
P 05 000 106 852						
(Document Number of Corporation (if known)						
(2 country with the composition (in this with)						
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following						
amendment(s) to its Articles of Incorporation:						
unionalitem(3) to its ratioles of meorporation.						
A. If amending name, enter the new name of the corporation:						
· · · · · · · · · · · · · · · · · · ·						
MBL Trave Inc.  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the						
name must be distinguishable and contain the word "corneration" "company" or "incornerated" 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."						
nume musi contain the word chartered, projessional association, or the appreviation P.A.						
D. Enternany principal office address if amplicable.						
B. Enter new principal office address, if applicable:						
(Principal office address <u>MUST BE A STREET ADDRESS</u> )						
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						
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:  New Registered Office Address:  (Florida street address)						
ma charly august						
Name of New Registered Agent: Mary Beth Lindung & Mary teres						
region of						
2125 Modera Court						
New Registered Office Address: (Florida street address)						
ivew negistered Office radicess. (1 to radi street dadress)						
Naples , Florida # 34105						
(City) (7in Code)						
New Registered Office Address: (Florida street address)  Naples , Florida # 34105  (City) (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.						
t nevery accept the appointment as registered agent. I am jamittar with and accept the obligations of the position.						
Signature of New Registered Agent, if changing						
Signature of ivew Registerea Agent, it changing						

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, hame, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ 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)

The date of each amend	nent(s) adoption:	Feb.	9,2010	
Effective date <u>if applicat</u>	ole: Feb. 9 2 (no more than 90 days aft	f adoption is required) O 10 er amendment file date)		
Adoption of Amendmen	t(s) ( <u>CHECK ON</u>	( <u>E</u> )		
	s/were adopted by the sharehold as/were sufficient for approval.	lers. The number of vote	s cast for the amend	lment(s)
	s/were approved by the shareholovided for each voting group ent			
"The number of v	otes cast for the amendment(s) v	was/were sufficient for ap	pproval	
by		,,,,		
	(voting group)			
action was not require  The amendment(s) wa	s/were adopted by the incorpora			
action was not require	d.			
Dated	Feb 9, 2010 re Mary			
Signatu	re Worth (By a director, president out) selected, by an incorporator – i appointed fiduciary by that fide	er officer – if directors or if in the hands of a receiv	r officers have n <b>o</b> t b	
	(Typed or prin	BETH nted name of person sign	LIND UP	JG
	PV5T - Pre (Title of person si	sident (  gining) + Vici ?	PVST)	Seety o Tressury