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SECRETARY OF STATE

TALL AHASSEF, FLORIDA

Anund

JAN 1 4 2020 I ALBRITTON

## COVER LETTER

**TO**: Amendment Section Division of Corporations

| NAME OF CORPOR   | RATION: L.L.C TRAVEL.C   | OM,INC   |   |  |  |  |  |
|--|--|--|---|--|--|--|--|
| DOCUMENT NUME  |  | <del></del> .  |   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing. |  |  |   |  |  |  |  |
| Please return all corres   | pondence concerning this ma  | tter to the following:   |   |  |  |  |  |
|  | ORESTEBAN CARABEO  |  |   |  |  |  |  |
|  | Name of Contact Person   |  |   |  |  |  |  |
|  | L.L.C TRAVEL.COM.INC   |  |   |  |  |  |  |
|  | Firm/ Company  |  |   |  |  |  |  |
|  | 1550 WEST 84 ST , SUITE 71   |  |   |  |  |  |  |
|  | Address  |  |   |  |  |  |  |
|  | HIALEAH, FL 33014  |  |   |  |  |  |  |
|  |  | City/ State and Zip Cod  | 2   |  |  |  |  |
| varad  | ero1113@aol.com  |  |   |  |  |  |  |
|  | · ·  | sed for future annual report                                       | notification)   |  |  |  |  |
|  |  |  |   |  |  |  |  |
| For further information  | n concerning this matter, pleas  | se call:   |   |  |  |  |  |
| ORESTEBAN CARABEO  |  | 980<br>at (  | 8338951   |  |  |  |  |
| Name o   | of Contact Person  | Area Code & Daytime Telephone Nur                                  |   |  |  |  |  |
| Enclosed is a check fo   | r the following amount made  | payable to the Florida Depa  | 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)                    |  |  |  |  |
| Ame<br>Divi<br>P.O.  | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 | Ameno<br>Divisio<br>The C<br>2415 i                                | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |  |  |

## Articles of Amendment

to

## Articles of Incorporation

| L.L.  | C. Tra                                | vel.co               | om. Ir                  | )C                         |               |
|---|---------------------------------------|----------------------|-------------------------|----------------------------|---------------|
| (Name of Corpor   | ration as currently                   | filed with the Flo   | rida Dept. of Si        | tate)                      |               |
| PO  | 50001392                              | 20/                  |                         |                            |               |
|   | cument Number of                      | <del></del>          | own)                    |                            |               |
| (   |                                       |                      | ,                       |                            |               |
| Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:   | orida Statutes, this <i>F</i>         | lorida Profit Corp   | <i>oration</i> adopts t | he following ame           | endment(s) to |
| A. If amending name, enter the new name of th   | e corporation:                        |                      |                         |                            |               |
|   |                                       |                      |                         | The                        | new           |
| name must be distinguishable and contain the word<br>"Inc.," or Co.," or the designation "Corp," "I<br>"chartered," "professional association," or the al | nc." or "Co". A<br>obreviation "P.A." |                      |                         | abbreviation "C            | orp.,"        |
| B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A   |                                       |                      |                         |                            |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   | <u>BOX</u> )                          |                      | <del></del>             | 2019 DEC -9<br>SECRE ANASS | —<br>Ti       |
|   |                                       |                      |                         | AH 9:                      |               |
| D. If amending the registered agent and/or registered agent and/or the new register   |                                       | ess in Florida, ente | er the name of          | the Sin S                  |               |
| Name of New Registered Agent  |                                       |                      |                         | <del></del>                |               |
|   | (Florida stre                         | et address)          |                         |                            |               |
| New Registered Office Address:  |                                       |                      | , Flori                 | ida                        |               |
|   | (                                     | City)                | ,                       | (Zip Code)                 |               |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen  |                                       | ith and accept the ( | obligations of th       | e position.                |               |
|   | lignature of New Re                   | gistered Agent, if c | hanging                 |                            |               |

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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: ? = 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. Thanges 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 i 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  $\underline{SV}$ Sally Smith Type of Action <u>Title</u> <u>Address</u> Name 1 Check One) LIBERTAD MONTESINOS 1550 WEST 84 ST, SUITE 71, Change HIALEAH, FL 33014 Add Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove \_\_\_\_ Change \_\_ Add Remove Change \_\_ Add \_\_ Remove 5) \_\_\_\_ Change Add Remove Change \_\_ Add \_\_\_\_ Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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| . If an amendment provides    | for an exchange, reclassification in the amendment if not contains. | n, or cancellation of issued shares, ined in the amendment itself:   |                     |
| (if not applicable, indi      | cate N/A)   | The Marie Ma |                     |
| . ,                           |   |  |                     |
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|                               | Page  | 3 of 4   |                     |
|                               | 12/04/2010  |  |                     |
| he date of each amendment     | s) adoption:  |  | , if other than the |
| ite this document was signed. |   |  |                     |
| ffective date if applicable:  | 12/04/2019  |  |                     |
|                               | (no more than   | 90 days after amendment file date)   |                     |

Adoption of Amendment(s) (CHECK ONE) ■ 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 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 (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) **ORESTEBAN CARABEO** (Typed or printed name of person signing) PRESIDENT

(Title of person signing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

locument's effective date on the Department of State's records.