P06000108684

| (R | equestor's Name) | |
|-------------------------|---------------------|-------------|
| (A | ddress) | |
| (A | ddress) | · · · · · |
| (C | ity/State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Nam | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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SECRETARY OF STATE
SALLAHASSEE, FLORIDA

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C. LEWIS

NOV 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | D06000109 | JRS DOMINICA 684 | NA, SA INC. | |
|--------------------------|--|--|--|--|
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | |
| | Eulogio Garcia | | | |
| | | Name of Contact Person | n . | |
| | M.K. TOURS DO | MINICANA, SA | INC. | |
| • | | Firm/ Company | | |
| | 999 Ponce de Leon Blvd., Suite 50 | | | |
| Address | | | | |
| _ | Coral Gables, FL | 33145 | | |
| | | City/ State and Zip Cod | e | |
| ega | rcia@mktravel.co | om | | |
| | | ed for future annual report | notification) | |
| For further information | concerning this matter, pleas | e call: | | |
| Eulogio Garcia | | at (305 | , 648 7213 | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | ertment 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) | |
| Amer Divis P.O. 1 | ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | |

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Articles of Amendment to Articles of Incorporation

13 NOV -5 PM 12: 42

M.K. TOURS DOMINICANA, SA INC.

| (Name of Corporation as currently filed with the Florida Dept. of State) | - |
|--|---|
| P06000108684 | |
| | |

ndment(s) to

| | 1 00000100001 | | |
|--|--------------------------------|--|---------|
| (Documen | it Number of Corporation (if I | known) | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this F | Clorida Profit Corporation adopts the following amount | endme |
| A. If amending name, enter the new na | nne of the corporation: | | |
| N/A | | The | new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C | " "company," or "incorporated" or the abbrev o". A professional corporation name must conta | riation |
| B. Enter new principal office address, | if annligables | N/A | |
| (Principal office address MUST BE A S | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl | cable: | N/A | |
| (Mailing address MAY BE A POST) | <u>OFFICE BOX</u>) | | |
| | | | |
| | | | |
| D. If amending the registered agent an | d/or registered office addre | ess in Florida, enter the name of the | |
| new registered agent and/or the nev | y registered office address: | | |
| Name of New Registered Agent | Eulogio Garcia | | |
| | 999 Ponce de Lec | on Blvd., Suite 50 | |
| | (Florida stree | et address) | |
| New Registered Office Address: | Coral Gables | Florida FL 33145 (Zip Code) | |
| | (Clty) | (Zip Code) | |
| | | | |
| No. Dodge de la contra Change de la Change d | Landon Danistana di Aganto | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | ered agent. Van familiar wi | ith and accept the obligations of the position. | |
| V | | | |
| SI | gnature of New Registered Ag | gent, 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 Y. 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) | Title | Name | Address |
| 1) Change | DPST | Maria Amelia Cachaldora | 999 Ponce de Leon Blvd. |
| Add | · - | | Suite 50 |
| Remove | | | Coral Gables, FL33134 |
| 2) Change | DP | Hidalgo Juan Jose | 999 Ponce de Leon Blvd. |
| Add | | | Suite 50 |
| Remove | | | Coral Gables, FL33134 |
| 3) Change | DVP | Eulogio Garcia | 999 Ponce de Leon Blvd. |
| Add | | | Suite 50 |
| Remove | | | Coral Gables, FL33134 |
| 4) Change | TS | Hidalgo Juan Jose | 999 Ponce de Leon Blvd. |
| Add | | | Suite 50 |
| Remove | | | Coral Gables, FL33134 |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |

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| f an amendment provides for an exch provisions for implementing the ame (If not applicable, indicate N/A) | nge, reclassification dment if not contain | or canceliation of issued ed in the amendment itse | <u>l shares,</u> <u>lf;</u> |
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13 NOV -5 PM 12: 42

| The date of each amendment(s | s) adoption: 8/25/2013 | | SECRETARY OF Creatif other | thar |
|---|---|---------------------------|----------------------------|-------------|
| date this document was signed. | | | TALLAHASSEE, FLORIDA | · · · · · · |
| Effective date if applicable: | 8/25/2013 | | * V(V(1)) | |
| <u></u> | (no more than | 90 days after amendme | ent file date) | |
| | | | • | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The sufficient for approval. | ne number of votes east | for the amendment(s) | |
| | approved by the shareholders the for each voting group entitled to | | | |
| "The number of votes of | east for the amendment(s) was/we | ere sufficient for approv | val | |
| by | | <u>,</u> | | |
| | (voting group) | | • | |
| The amendment(s) was/were action was not required. | adopted by the board of director | s without shareholder a | action and shareholder | |
| The amendment(s) was/were action was not required. | adopted by the incorporators wit | thout shareholder action | n and shareholder | |
| Dated | 10/29/2013 | | | |
| Signature | | | | |
| (By sele | a director, president or other off ected, by an incorporator — if in the ointed fiduciary by that fiduciary | he hands of a receiver, | | |
| | Eulogio Garcia | | | |
| | (Typed or | printed name of person | signing) | |
| | | oidest. | | |
| | | itle of person signing) | | |