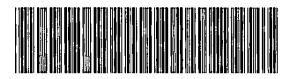
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Chery wong gove the Proper address to use for the 122. 8/8 due

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## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: <u>TRANS GLOBAL TRAVEL &amp; TOURS INC.</u>	
DOCUMENT NUMBER: P 06 000 137 202	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHERYL WONG  Name of Contact Person	
Name of Contact Person  TRANS GLOBAL TRAVEL & TOURS INC  Firm/ Company	
2832 STIRLING ROAD SUITE M	
Address  HOLLY WOOD FL 33020  City/ State and Zip Code	
CHERYLTG TRAVEL & BEUSOUTh NET .  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHERYL WONG at (954, 923 - 8992)  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:	17 CH
\$35 Filing Fee	OF STATE
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment

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## Articles of Incorporation

of

TRANS GLOBAL TRAVEL & TOURS, INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P 06000 /37 202 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" 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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 new registered agent and/or the new registered office address:
Name of New Registered Agent CHERYL Y WONG
(Florida street address)  New Registered Office Address: 2832 STIRLING RD # M Holly Wood Florida 33020 5 (City)  (City)  (City)
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.
Signature of New Registered Agent, 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 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D LO, BRUCE K	4680 PHIPPS LANE WELLINGTON FL 33414
Add		WELLINGTON FL 3341
Remove		
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

. If amending or adding addition (Attach additional sheets, if neces	al Articles, enter chang	e(s) here:		
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If an amendment provides for a	n exchange reclassifica	tion or cancellation o	of icened charge	
provisions for implementing th	e amendment if not con	tained in the amendm	ent itself:	
(if not applicable, indicate l	VA)			
N/A				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file	date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol must be separately provided for each voting group entitled to vote separately on the amendment.	lowing statement adment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated 25 Jul 2017	
Signature (fift)	
(By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	
CHERYL Y WONG  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
DIRZCTOR (Title of person signing)	
(Title of person signing)	<del></del> <del>-</del>