07000006918

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Ad | ldress) | | | | |
| (Ac | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bı | usiness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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C. LEWIS
FEB - 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section

| Division of Corpo | rations | | | | |
|---|--|---|--|--|--|
| NAME OF CORPOR | ATION: Rey - PO70001 | TOURS INC | | | |
| | | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this mat | ter to the following: | | | |
| | Maribel GONZALEZ Name of Contact Person Rey TOURS INC Firm/ Company | | | | |
| | Rev | TOURS INC | | | |
| - | | Firm/ Company | | | |
| | 15002 LIVINGSTON AVE | | | | |
| • | | Address | | | |
| | hutz | FL 33559 | | | |
| • | | City/ State and Zip Code | | | |
| Reytourstampahay@ AOL. Com /E-mail address: (to be used for future annual report notification) | | | | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Maribel | GONZALEZ | at (813 | <u>, 442-6982</u> | | |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | |
| ialla | ahassee, FL 32314 | | issee, FL 32301 | | |

APPROVEU AMD F' ID

Articles of Amendment

to **Articles of Incorporation** 14 FEB -3 PM 2:51

SECRETARY OF STATE

| Mey Tours | INC | | V_{\perp} | | |
|--|---------------------------------------|----------------|----------------------------------|--------------------------------|----------------------------|
| (Name of Corporation as currently filed with | the Florid | a Dept. of St | ate) | | - |
| P070000069 | 718 | | | | |
| (Document Number of Corporat | | wn) | | | _ |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: | s, this <i>Flori</i> | da Profit Cor | <i>poration</i> adop | ots the followin | g amendment(s) to |
| A. If amending name, enter the new name of the corporation | on: | | | | |
| NIF | | | | | _The new |
| name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia | " or "Co". | A profession | or "incorpora mal corporation | ited" or the a on name must | bbreviation contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | <u>-</u> | | NIA | | - |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | NA | | - - - |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac | e address i | n Florida, en | ter the name | of the | - |
| Name of New Registered Agent | N | A | | | |
| (Flor | rida street aa | idress) | | | |
| New Registered Office Address: | · · · · · · · · · · · · · · · · · · · | | , Florida | | _ |
| | (City) | | | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered A lereby accept the appointment as registered agent. I am fan | Agent: miliar with a | and accept the | e obligations o | of the position. | 1/4 |

MK

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 <math>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.

| 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) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | MARIBEL GONZALEZ | LUTZ FL 33559 |
| Add | | | hutz FL 33559 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| amending or adding additional Articles, enter change(s) he stach additional sheets, if necessary). (Be specific) | here: | |
|---|-------|--------|
| Reynaldo Gonza lez | 50 | shares |
| Maribel Gonzalez | SD | shares |
| | | |
| | | |
| | | |
| on amendment provides for an exchange, reclassification oversions for implementing the amendment if not contain | | |
| (if not applicable, indicate N/A) NA | | |
| | | |
| | | |



| The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: | 1/30/14 | 14 FEB -3 PH 2: 5 Nother than the |
|---|---|---|
| Sitetiff and <u>it applicable</u> . | (no more than 90 days after ame | ndment file date) |
| Adoption of Amendment(s) (CH The amendment(s) was/were adopted by the | ECK ONE) | s cast for the amendment(s) |
| by the shareholders was/were sufficient for a | | , 000, 101, 000 000, 000, 000, 000, 000 |
| The amendment(s) was/were approved by the must be separately provided for each voting | | |
| "The number of votes cast for the amer | idment(s) was/were sufficient for a | pproval |
| by | ing group) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (vol | ing group) | |
| The amendment(s) was/were adopted by the action was not required. | board of directors without sharehold | ider action and shareholder |
| The amendment(s) was/were adopted by the action was not required. | incorporators without shareholder | action and shareholder |
| Dated | | |
| Signature / | | |
| (By a director, pres | ident or other officer – if directors or porator – if in the hands of a rece by that fiduciary) | |
| ন | Pevnaldo Gonza | LLE2 |
| | EYNALDO GONZA (Typed or printed name of p | erson signing) |
| | PRESIDENT | |
| | (Title of person sign | ning) |