PO70000 43953

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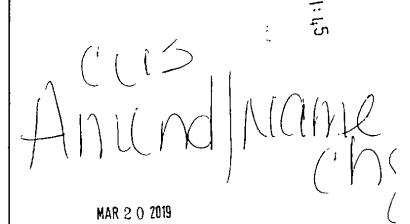
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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: Premium Transporation & Tours Inc. DOCUMENT NUMBER: PO700043953						
DOCUMENT NUMBER: 10 + 0000 43 93)						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Mario Firaldo. Name of Contact Person						
Premium Transportation of Tours Fre. Firm/ Company						
Firm/ Company						
17047 Lid Mayer St.						
Address 22.45						
Orlando, Fi 32874 City/ State and Zip Code						
City/ State and Zip Code						
Memium transportation @ wtmail. com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mario Firaldo. 11 407, 8792329						
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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status Certificate Opy (Additional Copy						

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

2019/18/2/1 PH 1-45 Articles of Amendment Articles of Incorporation Premium Transporation & Tours

	1001) 47(6.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P07000043953	·
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
Premium Transportation & Tours	Inc. The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12042 Liderlower St. Orlando - Fl. 32824
,	U/10100-PL 32824
C. Enter new mailing address, if applicable:	10.000
(Mailing address MAY BE A POST OFFICE BOX)	12042 Lidelower St. Oclands - Fl. 32824
	Orlando - FL 32824.
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>ss:</u>
Name of New Registered Agent ///	
12042 Lie	of lower St.
(Florida si	treet address)
New Registered Office Address: Orlando	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t:
тистему ассерстве арумнимені ак тедіметей адені. Тат затина	with and accept the obligations of the position.
11/1	
<u> </u>	Registered Agent, if changing
Signature of New I	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.

Example: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Khange	<u> P</u>	Mario Firaldo.	12042 Lidflower S. Orlando, Fl. 32824
Add			Orlanco, FL. 32824
Remove			
2) X Change		Angela C. Aramburo.	12042 Lid flower St. Orlando, Fl. 32824.
Add			Orlando, Fl. 32824.
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
A // A	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:

The date of each amendment(s) adoption: _	02/28/19	, if other than the
date this document was signed.	/_ /	
Effective date <u>if applicable</u> :	/28/19	r amendment file date)
,	(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient	for approval
by		
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shall	reholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without sharehol	older action and shareholder
Dated	19	
Signature	ull	
(By a director, pre	gdent or other officer – if direc	ctors or officers have not been
	corporator – if in the hands of a ry by that fiduciary)	receiver, trustee, or other court
	Tario Firaldo. (Typed or printed name of pers	
	(Typed or printed name of pers	son signing)
	Prosident	
	(Title of person sig	gning)