

From: Gleyder Gonzalez

Fax: (800) 764-6092

To:

Fd: +1 (850) 617-6380

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PO7000101475

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

(H12000226146 3)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000226146 3)))



H120002261463ABCV

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : M & G ENTERPRISES GROUP CORP.

Account Number : I20110000078

Phone : (305) 222-1960

Fax Number : (800) 764-6092

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12 SEP 13 PM 1:28
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: contact@mgmerchantservices.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN

AERO CUBA TRAVEL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

Affend, (H12000226146 3)

Electronic Filing Menu

Corporate Filing Menu

Help

09-14-12

DC



September 13, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AERO CUBA TRAVEL, INC.
733 W 30 STREET
HIALEAH, FL 33012

SUBJECT: AERO CUBA TRAVEL, INC.
REF: P07000101475

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H12000226146
Letter Number: 012A00023146

RECEIVED
12 SEP 13 AM 8:07
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

From: Gleyder Gonzalez Fax: 1-800-764-60902

To:

Fax: +1 (850) 617-6380

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AERO CUBA TRAVEL, INC.

DOCUMENT NUMBER: P07000101475

The enclosed *Articles of Amendment* and fee are submitted for filing:

Please return all correspondence concerning this matter to the following:

MARILYN ALONSO

Name of Contact Person

MG MERCHANT SERVICES

Firm/ Company

7951 SW 40 ST, STE 211

Address

MIAMI, FLORIDA 33155

City/ State and Zip Code

CONTACT@MGMERCHANTSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARILYN ALONSO

Name of Contact Person

at (305) 222-1960

Area Code & 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
Tallahassee, FL 32314

Street Address

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

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(H120002261463)

Articles of Amendment
to
Articles of Incorporation
of

AERO CUBA TRAVEL, INC.

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

P07000101475

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

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

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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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>S</u>	<u>TIHANY M SALAS PICHARDO</u>	<u>733 W 30 STREET</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33012</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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From: Gleyder Gonzalez Fax: 1-800-764-60902

To:

Fax: +1 (850) 617-6380 Page 7 of 8 -9/13/2012 4:36
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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

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The date of each amendment(s) adoption: 09/13/2012

Effective date if applicable: _____

(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


by _____"
(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.

Dated 09/13/2012

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)

TIHANY M SALAS PICHARDO

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

(H120002261463)