

2024-07-09 10:39:34 GMT 18134368450  
From: Venerable Law Firm  
H24000232331 3  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
Account Number : I20210000107  
Phone : (813)284-4727  
Fax Number : (813)436-8460

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

Email Address: notices@venerable.law

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COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CARIBE SERVICE & TRAVEL CORP

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CARIBE SERVICE & TRAVEL CORP  
P08000086870  
DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jason Sampson  
\_\_\_\_\_  
Name of Contact Person  
Venerable Corporate and Trust Services, LLC  
\_\_\_\_\_  
Firm/ Company  
301 West Platt Street, No. 657  
\_\_\_\_\_  
Address  
Tampa FL 33606  
\_\_\_\_\_  
City/ State and Zip Code  
jsampson@venerable.law  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Jason Sampson 813 2844727  
\_\_\_\_\_  
Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

CARIBE SERVICE & TRAVEL CORP

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

P08000086870

(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:

*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."*

301 West Platt Street

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

No. 657

Tampa FL 33606

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 West Platt Street

No. 657

Tampa FL 33606

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

VENERABLE CORPORATE AND TRUST SERVICES LLC

301 West Platt Street, No. 657

(Florida street address)

Tampa

33606

New Registered Office Address:

(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.*

*Jason Sampson*

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)(e), F.S.

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:

☒ ChangePTJohn Doe  
  
☒ RemoveVMike Jones  
  
☒ AddSVSally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	PEREZ, YOANDRA	7012 N RICHARD AVE
<input type="checkbox"/> Add			TAMPA, FL 33614
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	MBR	Caribe Holdings, LLC	30 N Gould St
<input checked="" type="checkbox"/> Add			Suite R
<input type="checkbox"/> Remove			Sheridan, WY 82801
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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H24000232331 3

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

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)

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FLORIDA STATE  
HARRISBURG, FL

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H24000232331 3

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required
- ☒ 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)*

July 9, 2024

Dated \_\_\_\_\_

Signature Jason Sampson  
(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)  
JASON SAMPSON

(Typed or printed name of person signing)  
AUTHORIZED REPRESENTATIVE

(Title of person signing)

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TALLAHASSEE, FL

07/09/2024