Division of Corporations Electronic Filing Cover Sheet

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(((H110001712183)))



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ECKETARY OF STATE

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALEGRIA TRAVEL AGENCY, INC.

	· · · · · · · · , · · · · · · · · · · ·
Certificate of Status	0
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Amend a 430/11

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Corporate Filing Menu

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June 30, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

ALEGRIA TRAVEL AGENCY, INC. 2901 SW 8 ST, STE 207 MIAMI, FL 33135

SUBJECT: ALEGRIA TRAVEL AGENCY, INC.

REF: P08000101847

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.

THERE'S A COMA AND PERIOD IN THE CORPORATE NAME.

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H11000171218 Letter Number: 311A00015761

FIECEIVED

11 JUN 30 AM 10: 2"

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

	of	
ALEGRIA TE	RAVEL AGENCY, II	NC.
(Name of Corporation as curr		
P08	8000101847	٧
	mber of Corporation (if ka	aowa)
Pursuant to the provisions of section 607.100 unendment(s) to its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation adopts the fo
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the tame must contain the word "chartered," "pro	e designation "Corp." "I	nc." or "Co". A professional corporation
3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREI</u>	olicable: ET ADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u></u> Се вох)	
). If amending the registered agent and/or new registered agent and/or the new regi	registered office address stered office address;	in Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
	(City)	, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing the hereby accept the appointment as registered a	ng Registered Agent: 19ant. I am familiar with	and accept the obligations of the position
	lionature of New Register	ed Agent if showing

Page 1 of 3

removed ar	g the Officers and of Directors, enter to id title, name, and address of each Offi itional sheets, if necessary)	cer and/or Director being added	the ector of the
Title	Name	Address	Type of Action
<u>PD</u>	HELEN LOPEZH	2901 SW 8 ST SUITE 207 MIAMI, EL, 33135	☐ Add ☐ Remove
<u>P</u>	FRANCISCO J HERNANDE	2901 SW 6 ST SUITE 207 MIAMI, FL 33135	☑ Add □ Remove
provisk	nendment provides for an exchange, re ons for implementing the amendment is ot applicable, indicate N/A)	classification, or cancellation of pot contained in the amendmen	issued thares, It itself:
	,		

Take date of each amendmen	i(s) adoption: 06-29-2011
	(date of adoption is required) 06-29-2011
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	the approved by the shareholders through voting groups. The following statemes and 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	(yoting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we aotion was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 06-2	29-2011
Signature _	* HAT
sel	y a director, president or other officer — if directors or officers have not been ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	HELEN LOPEZ H
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)