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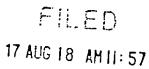
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Arkadys Travel Lo	ogistics, Inc.			
DOCUMENT NUM	IBER: P09000012992				
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Arkadys Sans				
		Name of Contact Person	n-		
	Arkadys Travel Logistics, In-	c.			
		Firm/ Company	<del></del>		
	6726 West Flagler Street	Time Company			
	Address				
	Miami, FL 33144				
		City/ State and Zip Cod	e		
arka	dy.sans@onetravelnet.com				
	•	sed for future annual report	notification)		
	·	•			
For further informati	on concerning this matter, pleas	se call:			
Yosvany Acosta		305 at (	8015358		
Name	of Contact Person	at (305 ) 8015358  Area Code & Daytime Telephone Number			
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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

## Articles of Amendment to Articles of Incorporation of



Arkadys Travel Logistics, Inc.

(Name of Corporation as curren	itly filed with the Florida Dent: of State
P09000012992	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	5757 Blue Lagoon Drive
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6726 West Flager Street
	Miami, FL 33144
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
(Florida :	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
Signatura of Man	Ragistavad Agant 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.

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	VP	AA Holdings Group, LLC	4311 Palm Ave
XX Add			Hialeah, FL 33012
Remove			
2) Change			
Add			•
Remove			
3 ) Change			<del> </del>
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del> </del>
Remove			

•	cles, enter change(s) here: (Be specific)
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	<del></del>
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<del></del>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
	······································

•	08/01/2017	
The date of each amendment(s) ac	loption:'	, if other than the
date this document was signed.	1/2017	
Effective date if applicable:	1/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
_	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
08/	01/2017	
Dated		
	436	
Signature		<del></del>
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Arkadys Sans	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>