

P090000 25999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

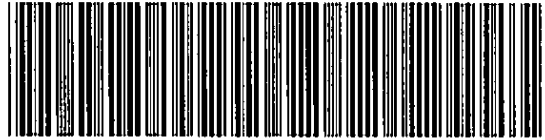
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300327837373

04/12/19--01009--018 ••35.00

19 APR 12 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

APR 22 2019  
T SCHROEDER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SANTA CLARA TRAVEL SERVICES, INC

DOCUMENT NUMBER: P09000025999

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

Please return all correspondence concerning this matter to the following:

BIBIANA M ESPINOSA

Name of Contact Person

ESPYS ACCOUNTING SERVICES

Firm/ Company

175 FOUNTAINEBLEAU BLVD SUITE 1-R7

Address

MIAMI FLORIDA 33172

City/ State and Zip Code

JOHNESPINOSA@HOTMAIL.COM

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

For further information concerning this matter, please call:

LISNELKY PEREZ at ( 305 ) 343-9530

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:

- |   |  |   |  |
|---|--|---|--|
| <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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

SANTA CLARA TRAVEL SERVICES INC

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

P09000025999

(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."*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

14880 SW 160TH ST

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida

33187

(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*

FILED  
19 APR 12 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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<br>(Check One)                 | Title | Name           | Address           |
|---|-------|----------------|-------------------|
| 1) <input checked="" type="checkbox"/> Change | P.S   | LISNELKY PEREZ | 14880 SW 160TH ST |
| <input type="checkbox"/> Add                  |       |                | MIAMI, FL 33187   |
| <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               |       |                |                   |

**FILED**  
 19 APR 12 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

דמיון

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 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 04/09/2019 \_\_\_\_\_

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)

LISNELKY PEREZ

\_\_\_\_\_  
(Typed or printed name of person signing)

P.S

\_\_\_\_\_  
(Title of person signing)

FILED  
19 APR 12 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA