# P09000027191

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| (Requestor's Name)                      | _ |
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| (Address)                               | _ |
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| (Address)                               |   |
| (Address)                               |   |
|   |   |
| (City/State/Zip/Phone #)                | _ |
|   |   |
| PICK-UP WAIT MAIL                       |   |
|   |   |
| (Business Entity Name)                  | _ |
| (Dusiness Entity Name)                  |   |
| ·                                       |   |
| (Document Number)                       | _ |
|   |   |
| Certified Copies Certificates of Status | _ |
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| Special Instructions to Filing Officer: | 1 |
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Office Use Only



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PILED 1009 JUN 22 PM 12: 39 SECRETARY OF STATE

Amend

TB

4/25/09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP  | ORATION: NC                                | ORMA TRAVEL & SERVICE   | S, INC.   |
|---|--|---|---|
| DOCUMENT NUI  | MBER:                                      | P09000027191  |   |
| The enclosed Article                                      | les of Amendment and fee                   | are submitted for filing.   |   |
| Please return all con                                     | respondence concerning th                  | is matter to the following:   |   |
| _   |  | AMBAR DIAZ  |   |
|   | ì  | Name of Contact Person  |   |
| _   |  | AMBAR DIAZ PA   |   |
|   |  | Firm/ Company   |   |
|   | 782 N                                      | NW 42 AVE SUITE 434   |   |
| -   |  | Address   |   |
|   |  | MIAMI FL 33126  |   |
| <del>-</del>  | . (  | City/ State and Zip Code  | · · · · · · · · · · · · · · · · · · ·   |
|   |  | ed for future annual report notification)   |   |
|   | tion concerning this matter                | •   |   |
|   | AMBAR DIAZ of Contact Person               | at ( 305 ) 476  Area Code & Daytime Telep   | 5-8100<br>hone Number   |
|   |  | made payable to the Florida Departm   |   |
| ✓ \$35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & [<br>Certified Copy<br>(Additional copy is enclosed)  | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad Amendment Division of P.O. Box 63 Tallahassee, | Section<br>Corporations<br>27              | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |

### **Articles of Amendment Articles of Incorporation**

#### NORMA TRAVEL & SERVICES, INC.

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

#### P09000027191

|   | Articles of A       | \ mandment             |                       | AND JUN 22 PH 12: 35  - AND SEE. FLORIDA |
|---|---------------------|------------------------|-----------------------|--|
| •   | Articles of A       |                        |                       | A.                                       |
|   | in theies of th     | •                      |                       | 4000 // //                               |
|   | of                  | f                      | 4                     | 1500 MAZ 5                               |
| NORMA TRA   | VEL & SER           | VICES, IN              | C.                    | LANGTAD PAY                              |
| (Name of Corporation as cu  | arrently filed with | h the Florida l        | Dept. of State)       | ASSERON 12.30                            |
| Р   | 0900002719          | 1                      |                       |  |
| (Document )   | Number of Corpor    | ation (if know         | n)                    | "MOA                                     |
| rsuant to the provisions of section 607. endment(s) to its Articles of Incorporation                        |                     | utes, this <i>Flor</i> | rida Profit Corpora   | tion adopts the following                |
| If amending name, enter the new nam   | e of the corporat   | ion:                   |                       |  |
| me must be distinguishable and conta  | N/A                 |                        |                       | The new                                  |
| Enter new mailing address, if applica (Mailing address MAY BE A POST OF                                     |                     | N/A                    |                       |  |
| If amending the registered agent and/onew registered agent and/or the new remains the new registered Agent: |                     | ddress:                | Florida, enter the n  | ame of the                               |
| •   |                     |                        |                       |  |
| New Registered Office Address:  | (Flo                | orida street add       | dress)                |  |
|   | <del></del>         |                        |                       | da                                       |
|   | (Cit                | y)                     | (Zip Code)            |  |
| w Registered Agent's Signature, if char   | nging Registered    | Agent:                 |                       |  |
| reby accept the appointment as registere  |                     |                        | d accept the obligati | ons of the position.                     |
|   |                     |                        |                       |  |
| -   | Signature of No     | w Registered           | Agent 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)

| Title .          | <u>Name</u>  | Address                               | Type of Action    |
|------------------|--|---------------------------------------|-------------------|
| VP               | KAREL LACACI   | 513 SW 101 PLACE<br>MIAMI FL 33174 US | ☐ Add ☐ Remove    |
| <u>VP</u>        | MAYELIN ARAUJO   | 513 SW 101 PLACE<br>MIAMI FL 33174 US | ☑ Add<br>□ Remove |
|                  |  |                                       | □ n               |
| N/À              | dditional sheets, if necessary). (Be s   |                                       |                   |
| E. If on ou      | mandmant provides for an evaluation  | realessification or concellation      | of issued shares  |
| provisi<br>(if n | mendment provides for an exchange<br>ons for implementing the amendment<br>out applicable, indicate N/A) |                                       |                   |
| N/A              |  |                                       |                   |
| <u> </u>         |  |                                       |                   |
|                  |  |                                       |                   |
|                  |  |                                       |                   |

| The date of each amendment                          | s) adoption: 06/17/2009   |
|---|---|
| ,   | (date of adoption is required)  |
| Effective date if applicable:                       | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                            | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
|   | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes of                             | ast for the amendment(s) was/were sufficient for approval   |
| by  | , y,  |
| •   | (voting group)  |
| The amendment(s) was/wer action was not required.   | e adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/wer action was not required.   | e adopted by the incorporators without shareholder action and shareholder   |
| Dated_06/17   | 7/2009  |
| selec   | attrector, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|   | NORMA LACACI  |
|   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
|   | (Title of person signing)   |