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COVER LETTER

TO; Amendment Section
•Division of Corporations

•	•
NAME OF CORPORATION: \underline{SONIS}	SOL TRAVEL & TOURS, INC.
DOCUMENT NUMBER: P090	00028416
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	O A. PRIETO ne of Contact Person
SONISOL TR	AVEL & TOURS, INC.
680 WEST.	564 STREET Address
	FLORIDA 33012 / State and Zip Code
Sonisol 2009 E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, pl	ease call:
Roberto A. Prieto Name of Contact Person	at (786) 399-3235 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee &
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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of Amendment		in the same of
•	to Articles of Incorporation		20
•	of		CUOGHAN E
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	<u>リEL </u>	Nent of State)	2009 MAY 18 PMILL AFFIRS SEEDS ST.
		bepti of State)	SEE, FISTA
	0028416 umber of Corporation (if known	<u></u>	COR10
•	•	•	·
rsuant to the provisions of section 607.10 endment(s) to its Articles of Incorporation		ida Profit Corporation	adopts the following
enaments) was refused of incorporation	•		
If amending name, enter the new name	of the corporation:		
			The new
breviation "Corp.," "Inc.," or Co.," or ti me must contain the word "chartered," "p	rofessional association," or th	e dobreviation 1.A.	
me must contain the word "chartered," "p. Enter new principal office address, if applicable of the mailing address, if applicable (Mailing address MAY BE A POST OFF	oplicable: EET ADDRESS)	t abbreviation T.A.	
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Enter new principal office address, if applicable of the registered agent and/or new registered agent: Mame of New Registered Agent:	le: registered office address in I	Torida, enter the name	

Signature of New 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 ddditional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP.	MARIA A. PRIETO	680 West 56th St HIALEAH. Fl 33012	_ ☐ Add _ ☑ Remove
			_ ☐ Add _ ☐ Remove
			
<u>provisi</u>	mendment provides for an exchange, reons for implementing the amendment into applicable, indicate N/A)		

The date of each amendment(s) a	doption: 05/14/09
Effectivé date <u>if applicable</u> :	05/14/09
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	oproved by the shareholders through voting groups. The following statement reach 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	ting group)
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder
DatedO	5(14/09 Juiet
Signature (By a di selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)
	ROBERTO A. PRIETO (Typed or printed name of person signing)
	(Typed or printed name of person signing) President (Title of person signing)
	(The or person signing)