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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	COLOMBIAN TE	RAVEL A	AGENCY	CORP
DOCUMENT NUMBER: PO				

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

Please return all correspondence concerning this matter to the following:

CIELO SALAZAR

Name of Contact Person

COLOMBIAN TRAVEL AGENCY CORP

Firm/ Company

11301 S ORANGE BLOSSOM TRL STE A107

Address

ORLANDO, FL 32837

City/ State and Zip Code

CIELITO697@HOTMAIL.COM

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

For further information concerning this matter, please call:

CIELO SALAZAR

at (407) 618-9816
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 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

COLOMBIAN TRAVEL AGENCY CORP

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

P09000041045

(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: COLOMBIAN PRODUCTS & SERVIC	ES CORP	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent and/or registered office address	s in Florida, enter the name o	f the
new registered agent and/or the new registered office address:	s in Fiorica, enter the hame o	<u> </u>
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·	
(Florida stree	t address)	
New Registered Office Address: (City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of	the position.
Signature of New Registered Ag	ent, 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.

Example: 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	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove		•	
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	adding additional Ar al sheets, if necessary).	. (Be specific)			
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	NAME OF THE PARTY				
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an amendme	nt provides for an ex	change, reclassi	fication, or cance	llation of issued sh	ares,
ravisians for	implementing the an	nendment if not	contained in the	amendment itself:	
/:C	licable, indicate N/A)				
(if not app					
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The date of each amendment(s) ac	doption: 08/01/2012
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	, , , , , , , , , , , , , , , , , , , ,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Of	100/2018/
Signature	To be a lilly
	lirector, president or other officer - if directors or officers have not been
	d, by an incorporator - it in the hands of a receiver, trustee, or other court
a p poin	ited fiduciary by that fiduciary)
V	Cielo Salaziar.
	(Typed or printed name of person signing)
	(Title of person signing)