## P100000033333

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	<u> </u>		
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
<b>(B</b> u	isiness Entity Nar	me)		
(Do	ocument Number)	,		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRAV	EL LINE TOURS USA, INC.
DOCUMENT NUMBER: P10000023	
The enclosed Articles of Amendment ar	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
CHRISTIAN E.	GOLMAN
	Name of Contact Person
TRAVEL LINE	TOURS USA, INC.
***	Firm/ Company
17501 BISCAYN	NE BLVD. #400
	Address
AVENTURA, FI	. 33160
	City/ State and Zip Code
mrgolman@travelline.c	com.ar
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this	•
CHRISTIAN E. GOLMAN	at () 944 - 3200
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Fil Certificate	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

## Articles of Amendment to Articles of Incorporation of

TRAVELLINE TOURS USA, INC.

TRAVEL LINE TOURS USA, INC.				
(Name o	of Corporation as currently file	ed with the Florida Dept	. of State)	
P10000023333				
	(Document Number of Cor	poration (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation ad	lopts the following amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	. A professional corpora		ation
B. Enter new principal office address,				_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
C Entag navy mailing address if anali				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				<del></del>
	_			
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the nan	ne of the	<del></del>
•	CHRISTIAN E. GOLMAN			
Name of New Registered Agent	17501 BISCAYNE BLVD. #4			
	(Florida street as			
	AVENTURA	uuressj	33160	
New Registered Office Address:	(City	 ;)	, Florida(Zip Code)	
New Registered Agent's Signature, if c			rsin nim nim	
I hereby accept the appointment as regist	ered figent. I am familiar with i	and accept the obligations		ميوسون آ
1	1			e mai
	7		· <u>F</u>	·
	Signature of New Regis	tered Agent, if changing		
			,	
			7.7	

## 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 <math>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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith ^	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change	<u>s</u>	_	ISRAEL M. GOLMAN	
Add X Remove				
2) Change	DIR	_	LUCIA R. BORER-GOLMAN	
Add X Remove				
3 ) Change		<del>_</del>		
Remove				
4) Change		_		
Add				
5) Change	<del></del>	-		<u> </u>
Add				
6) Change				
Add				

Attach ada	g or adding additional Ar litional sheets, if necessary).	(Be specific)			
<u>-</u>					
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					** ***
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f an amen	dment provides for an exc	hange, reclassifi	cation, or cancell:	ation of issued sh	ares,
provision:	s for implementing the ame applicable, indicate N/A)	endment if not co	ontained in the an	nendment itself:	
(IJ NOI	аррисионе, такие мя ј				
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	n			<del>.,</del>	
<del></del>					
				· · ·	

,	NOVEMBER 08, 2016	
The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or 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	
NOVEMBE	ER 08, <b>2</b> 016	
Dated		
Simon		
Signature(By a di	ector, president or other officer – if directors or officers have not been	<del></del>
	i, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	CHRISTIAN E. GOLMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>