P10000039471

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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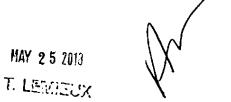


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SECRETARY OF STATE

FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REMEDIOS TRA	VEL INC			
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	ORESTE GONZALEZ				
-		Name of Contact Persor	1		
	REMEDIOS TRAVEL INC				
-		Firm/ Company			
	305 W 68TH ST APT 408	1 Into Company			
-	Address				
	HIALEAH, FL 33014				
-		City/ State and Zip Code	2		
remed	iostravel@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	∞ call: 786 at (9753063		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

REMEDIOS TRAVEL INC (Name of Corporation as currently filed with the Florida Dept. of State) P10000029471 (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: 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: JORGE J SANTANA Name of New Registered Agent 305 W 68th ST APT 408 (Florida street address) HIALEAH New Registered Office Address: 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 t

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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
l)Change	VP	JORGE J SANTANA	305 W 68TH ST APT 408		
Add			HIALEAH, FL 33014		
X Remove					
2) Change	<u></u>				
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5)Change					
Add					
Remove					
6) Change		<u> </u>			
Add					
Remove					

	(Be specific)
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n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
n amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
ovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
ovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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ovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
ovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoptic	n:	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 document's effective date on the Departm	does not meet the applicable statutory filing requirements, this nent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for the amendment for approval.	nt(s)
	i by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east for th	e amendment(s) was/were sufficient for approval	
by	, "	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
05/20/2018 Dated		
Signature Cart	es Gonzeh	
selected, by	r, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other of duciary by that fiduciary)	
ORE	STE GONZALEZ	
	(Typed or printed name of person signing)	
PRE	SIDENT	
	(Title of person signing)	·

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