Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future 🙏 4 annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN CIENFUEGOS TRAVEL, INC.

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Electronic Filing Menu

Corporate Filing Menu

TO: Amendment Section

(((H15000092821 3)))

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: CIENFUEGOS TRAVEL, INC.	
DOCUMENT NUMBER: P10000053565	

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

Please return all correspondence concerning this matter to the following:

ANDRES CRUCES
Name of Contact Person
CIENFUEGOS TRAVEL, INC.
Firm/ Company
10521 N KENDALL DR, SUITE E-106
Address
MIAMI, FL 33176

City/ State and Zip Code cienfuegostravel@gmail.com

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

For further information concerning this matter, please call:

ANDRES CRUCES Name of Contact Person		at 305	, 279-3881
		Area Code & Daytime Telephone Numbe	
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 chelosed)	☐\$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

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Articles of Amendment to

Articles of Incorporation of
CIENFUEGOS TRAVEL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P1000053565 (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:
NO CHANGES The new
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: NO CHANGES
(Principal office address MUST BE A STREET ADDRESS)
ALC CLIANCES
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX) NO CHANGES
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: NO CHANGES
Name of New Registered Agent
(Florida street address)
New Registered Office Address: NO CHANGES Florida
(Cin) (Zip Code)
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 the position.
Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing
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Page 1 of 4 Page 1 of 4 Page 1 of 4

(((H15000092821 3)))

(((H150000928213)))

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)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	ANDRES CRUCES	10521 N KENDALL DR
Add			SUITE E-106
Remove			MIAMI, FL 33176
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
 -			1000
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

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NO CHANGES	(Be specific)
<u>,</u>	
F. If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A) NO CHANGES	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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. . .

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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.	
The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement toting 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)	
	(voing Brown)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated APRIL 15TH,	2015	
Signature	Willey	
selected, by ar	president or other office i directors or officers have not been incorporator - If in the hands of a receiver, trustee, or other court sciary by that fiduciary)	
AND	RES CRUCES	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	