P100000062515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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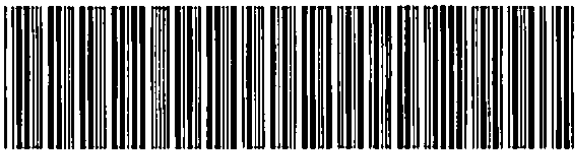

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2020 MAY 18 PM 6:45

R. WHITE

MAY 18 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

MARIA DE JSUS EVORA
15000 FEATHERSTONE WAY
DAVIE, FL 33331

SUBJECT: SAN CRISTOBAL TRAVEL, INC.
Ref. Number: P10000062515

We have received your document for SAN CRISTOBAL TRAVEL, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 520A00008455

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAN CRISTOBAL TRAVEL

DOCUMENT NUMBER: P10000062515

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

Please return all correspondence concerning this matter to the following:

MARIA DE JESUS EVORA
Name of Contact Person

Firm/Company

15000 FEATHERSTONE WAY
Address

DAVIE FL 33331
City/State and Zip Code

mjevora@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DE JESUS EVORA at 786 222-7408
Name of Contact Person — 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

SAN CRISTOBAL TRAVEL INC

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

P10000062515

(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:

The new name must be distinguishable and contain the word "corporation" 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:

Name of New Registered Agent MARIA DE JESUS EVORA

15000 FEATHERSTONE WAY
(Florida street address)

New Registered Office Address DAVIE, Florida 33331
(City) (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

Check if applicable

☐ The amendment(s) is are being filed pursuant to s. 607.0120(11)(e)-(k)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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; R = 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 — V — Mike Jones

X Add — SV — Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add X Remove	P	ALLIN LEVY	15000 FEATHERSTONE WAY DAVIE, FL 33331
2) ____ Change X Add ____ Remove	P	MARIA DE JESUS EVORA	15000 FEATHERSTONE WAY DAVIE, FL 33331
3) ____ Change ____ Add X Remove	VP	MARIA DE JESUS EVORA	15000 FEATHERSTONE WAY DAVIE, FL 33331
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

E. **If amending or adding additional Articles, enter change(s) here**
(Attach *additional sheets if necessary*)

N/A

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(*if not applicable, indicate N/A*)

N/A

N/A

The date of each amendment(s) adoption: _____, if other than date this document was signed

04/01/2020

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

04/01/2020
Dated

Signature _____

(By a director, president or other officer. If directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

AILIN LEVY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)