(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	₩ait	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
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Amend
TBYOWN 12-5-11

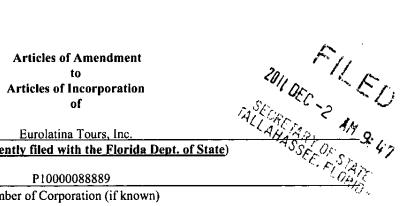
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Eurolatina Tours,	Inc.	
DOCUMENT NUMB	ER: <u>P10000088889</u>		
The enclosed Articles of	of Amendment and fee are so	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	N	ame of Contact Person	
_ .		FB Brokers, LLC	- · · · · · · · · · · · · · · · · · · ·
		Firm/ Company	
<u> </u>		P.O.Box 528023	
	·	Address	
		Miami, Florida 33152	
	C	ity/ State and Zip Code	
			•
	F-mail address: (to be u	info@fbbrokers.com sed for future annual report	notification)
	L man address. (to be d	sed for future annual report	inotification)
For further information	concerning this matter, plea	se call:	
	o Onorato)986-9091
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	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)
	ing Address	Street	Address
	ndment Section	Amend	lment Section
	ion of Corporations Box 6327		on of Corporations Building
	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment



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

(Document Number of Corporation (if known)

owing

The new name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or the d	esignation "Corp," "Inc," or	"Co". A profession	rporated" or the
name must contain the word "chartered," "profes	ssional association," or the a	bbreviation "P.A."	
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)		
(muning united MAT DE ATTOST OFFICE			
			<u>-</u>
			
D. If amending the registered agent and/or reg	ristered office address in Flo	rida, enter the nam	e of the
D. If amending the registered agent and/or reg new registered agent and/or the new registered		rida, enter the nam	e of the
new registered agent and/or the new register	ered office address:	rida, enter the nam	e of the
new registered agent and/or the new register	ered office address: Roberto Onorato	rida, enter the nam	e of the
new registered agent and/or the new register	ered office address: Roberto Onorato 6030 NW 99th Ave # 403		<u>e of the</u>
Name of New Registered Agent:	Roberto Onorato 6030 NW 99th Ave # 403 (Florida street address)		<u>e of the</u>
new registered agent and/or the new register	ered office address: Roberto Onorato 6030 NW 99th Ave # 403 (Florida street address) Doral		33178
new registered agent and/or the new register Name of New Registered Agent:	Roberto Onorato 6030 NW 99th Ave # 403 (Florida street address)		
new registered agent and/or the new register Name of New Registered Agent:	ered office address: Roberto Onorato 6030 NW 99th Ave # 403 (Florida street address) Doral		33178

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)		Name		Address
1 <u>) DP</u>	-	Roberto Onorato	_	P.O.Box 528023 Miami, Florida 33152
2)			_	
3)				
4)			_	
5)			_	
6)			_	
<u>If REMOYI</u>	NG an office	r and/or director, please list the	title(s) and	I name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1) <u>DP</u>	<u>Maximil</u>	iano Flores	4)	
2)		<u>.</u>	5)	
2)			6)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
	•		
		- 	

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)
la - 1 -
The date of each amendment(s) adoption: 11/29/2011
Effective date if applicable: 11/29/2011
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
[7] The many description of control for the amondment(s)
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):
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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.
11/09/0011
Dated 11/28/2011
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)
Outure Onessta
Roberto Onorato (Typed or printed name of person signing)
(1) ped of printed name of person signing)
Director
(Title of person signing)