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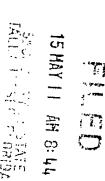
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COVER LETTER

	<u></u>
TO: Amendment Section Division of Corporations	A CONTRACTOR OF THE CONTRACTOR
NAME OF CORPORATION: KARTIF	E, INC.
DOCUMENT NUMBER: P 1	00000 98405
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
	SAYMAN ANNE - SOPHIE Name of Contact Person LUTIQUE CAR CITY TOUR
	Firm/ Company
	4044 Meridian Arenue - #13 Address
	MIANI BEACH, FL 33140 City/ State and Zip Code
E-mail address: (to be use	ANTIQUE CAR CITY TOUR, condition of future annual report notification)
For further information concerning this matter, please	e call:
Anne-Sophie Say Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made po	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

	i poi ation	<u></u>
of		
KARTÍ	E. INC.	型
······································		
(Name of Corporation as currently	filed with the Florida Dept. of State	
PAm	0098405	
(Document Number of		~ ~ ~
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the	following amendment(s) t
A. If amending name, enter the new name of the corporation:		
SUPERB	TOURS INC.	The new
name must he distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation nam	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		/
(Manual Manual M		
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
	_	
Name of New Registered Agent		
Florida stree	at addraga)	
(r iorida stree	ei aaaress)	
New Registered Office Address:	, Florida_	
	City)	(Zip Code)
(<i>2.1.y,</i>	(Zip Couc)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the p	osition.
- · · · · ·		
Signature of New Re	gistered Agent, if changing	

address of each Officer a (Attach additional sheets, Please note the officer/din P = President; V = Vice P Executive Officer; CFO = held. President, Treasured Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess ector title resident chief i r, Directe in the fo ves the c	Pirector being added: Stary) The by the first letter of the office tit The Treasurer; S= Secretary; E Tinancial Officer. If an officer/di To would be PTD. The Manner Currently John The orporation, Sally Smith is named	le: D= Director; TR= Tru irector holds more tho Doe is listed as the PS	rector being removed and title, name, and stee; $C = Chairman$ or $Clerk$; $CEO = Chief$ in one title, list the first letter of each office T and T are T and T and T and T and T are T and T and T and T and T and T are T and T are T and T and T are T and T are T and T and T are T are T and T are T and T are T are T are T are T are T are T and T are T
Example: X Change	<u>PT</u>	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
l) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				-
Add				
Remove				
4) Change		_/		
Add	/			
Remove				
5) Change /				
Add				
Remove				
6)Change		_		····
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	/
масн ананонаі sneets, у несеззагуз. (Ве specific)	
	/
/	
f an amendment provides for an exchange, reclassification, or cancellation of	issued shares,
<u>provisions for implementing the amendment if not contained in the amendme</u>	ent itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 8th, 2015	
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)	
ANNE-SOPHIE SAYMAN	
(Typed or printed name of person signing)	
President	
(Title of person signing)	