01/20/2012 16:21 305-822-110 907 P.001 /007 Division of Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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> > (((H12000017518 3)))



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To:

Division of Corporations.

Fax Number : (850)617-6380

From:

Account Name : ACCOUNTING T & I SERVICES CORP

Account Number: 120100000069

Phone : (305)887-2027 Fax Number : (305)887-2025 : (305)887-2025

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ARING COMPANION & HOMEMAKER SERVICES, CORP.

> Certificate of Status Certified Copy Page Count Estimated Charge \$35.00

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JAN 2 3 H29143

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				•	
NAME OF CORPORATION:	CARING COMPANION & HOMEMAKER SERVICES CORP				
DOCUMENT NUMBER:	1000002167				
	enclosed Articles of Amendment and fee are submitted for filing-				
Please return all correspondence	concerning this mat	ter to the following:	,		
JOR	BE PERAZA				
		Name of Contact	Person		
CARI	NG COMPANI	ON & HOME	MAKE	R SERVICES CORP	
•		Firm/ Compa	any		
438 V	V 29 ST				
		Address	_		
HIAL	EAH, FL 330)12			
	City/ State and Zip Code				
jmaperaz	a@hotmail.	com			
	ail address: (to be us		report no	tification)	
For further information concern	ing this matter, pleas	e call:			
JORGE PERAZA	_	at (30	5,	887.2027	
Name of Contact	Person	Λ	rca Code	& Daytime Telephone Number	
Enclosed is a check for the follo	wing amount made p	payable to the Florid	ia Departr	nunt of State:	
	3.75 Filing Fee & retificate of Status enclosed)	□\$43.75 Fiting F Certified Copy (Additional cop (Addit		□\$52.50 Filing Fee Certificate of Status Certified Copy y Is enclosed)	
Mailing Add			Street Ad		
Amendment S Division of Go				ent Section	
P.O. Box 632			Clifton B	of Corporations ullding	
Tallahassee,				cutive Center Circle	
		,	Tallahasse	ee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CARING COMPANION	V & HOMEMAKER :	SERVICES CORP	
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	-
P11000002167			_
Docur	ment Number of Corporation (if)	known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, this Fl	lorida Profit Corporation adopts the followin	ig ಭಾಕಾರೆmcnt(s) to
A. If amending name, enter the new	v name of the corporation:		
A WORLD TRAVEL SE	ERVICES, CORP.		The new
	signation "Corp." "Inc," or "C	" "company," or "incorporated" or the a o". A professional corporation name must A."	
B. Enter new principal office addre	rcs. if annlicable:	6282 NW 170 TERR	
(Principal office address MUST BE		HIALEAH, FL 33015	_
		.,,,	-
C. Enter new mailing address, if an	pplicable:	6282 NW 170 TERR	
(Mailing address MAY BE A POS	ST OFFICE BOX)		_
		HIALEAH, FL 33015	-
D. If amending the registered agent new registered agent and/or the Name of New Registered Agent Address New Registered Office Address New Registered Agent's Signature. I hereby accept the appointment as registered agent and a second agent and a second agent a	if changing Registered Agent:	t address), Florida(Zip Code) (Zip Code) ith and accept the obligations of the position.	TECRY TARY OF STYRE WIELDH OF COMHORATIONS 12 JAN 20 AM 9:25

Page 1 of 4

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 little 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	<u>PT</u>	John Doe	
X Remove	v	Mike Jones	·
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Reтпоче	<u>VP</u>	JOSE M. MONTEAGUDO	6282 NW 170 TERR HIALEAH, FL 33015
2) Change Add Remove			
3) Change ^dd Remove			
4) Change Add Remove	-		
5) Change Add Remove			
6) Change Add Remove			

f amending or adding add attach additional sheets. if	recessary).	(Be specific)			
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If an amendment provide	s for an excl	nange, reclas	sification, or co	incellation of is	sued shares.	ı
provisions for implement (if not applicable, ind	ting the ame	endment if no	t contained in	the amendmen	t itself:	
(if not applicable, inc	acate (V/)()					
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The date of each amendment(s	adoption: 01/20/2012			
Effective date if applicable:	P11000002167			
snective date <u>it applicable</u> .	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) esufficient for approval.			
☐ The amendment(s) was/were . must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	ast for the amendment(s) was/were sufficient for approval			
by	, T			
	(voting group)			
The amendment(s) was/word action was not required.	adopted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
_{Dated} 01/2	0/2012			
Signature(By	a director, president or other officer - if directors or officers have not been ected, by an incorporator if in the hards of a receiver, trustee, or other court			
	ointed fiduciary by that fiduciary)			
	JORGE PERAZA			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			