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Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SAGUA SERVICES & TRAVEL, INC

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COVER LETTER

TO: Amendment Sect Division of Corp		COVER LETTER		16 OCT 1 PA W. O.
NAME OF CORPO	RATION: SAGUA SERVICE	S & TRAVEL, INC.		2
DOCUMENT NUM	BER: P11000015762	•		F. O. Toke
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mar	tter to the following:		
	RAUL LOUREIRO			
		Name of Contact Person	1	
	SAGUA SERVICES & TRA	VEL, INC		
		Firm/ Company	,	
	438 W 29 ST			
	HIALEAH, FL 33012	Address		
		City/ State and Zip Code		
alocu	ba04@gmail.com			
		ed for future annual report	notification)	
For further information	n concerning this matter, pleas	e call:		
RAUL LOUREIRO		at (⁷⁸⁶	405-5056	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	-
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:	
S35 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)	
Ame Divi P.O.	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

09:18:25 a.m. 10-11-2016

Articles of Amendment to Articles of Incorporation of

SAGUA SERVICES & TRAVEL, INC	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P11000015762	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NO CHANGES	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviatio	ttion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	438 W 29 ST
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	438 W 29 ST
(1220000) and the 1222 122 122 123 143 143 143 143 143 143 143	HIALEAH, FL 33012
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr	
Name of New Registered Agent	
438 W 29 ST	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Name of New Registered Agent 438 W 29 ST (Plorida	estreet address) , Florida 33012 (City) (Zip Code)
1 nereoy accept the appointment as registered agent. I am familio	ar with and accept the obligations of the position.
	Particular Malanda
Signature of Nev	w Registered Agent, if changing

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 Joh	n Doe	•
X Remove	<u>y Mi</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	RAUL LOUREIRO	438 W 29 ST
Add			HIALEAH, FL 33012
Remove			
2) X Change	VP	RAUL C LOUREIRO	438 W 29 ST
Add			HIALEAH, FL 33012
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>	***************************************	
^ Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NO CHANGES	
	The state of the s
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, indicale WA)	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The emendment(s) was/were adopted by the shareholders. The number of votes cast for the emendment(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)	
[] 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.	
OCTOBER 10TH, 2016	
Signature Aunn	
(By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if if the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RAUL LOUREIRO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	