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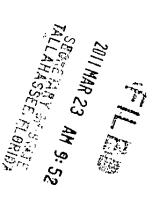
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COVER LETTER &

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	CONSOLACION TRAVELS	SERVICES INC.	
DOCUMENT NU	MBER:	R:P11000022960		
The enclosed Artic	eles of Amendment a	d fee are submitted for filing.		
Please return all co	rrespondence concer	ning this matter to the following:		
		AMBAR DIAZ		
		Name of Contact Person		
-		AMBAR DIAZ P.A. Firm/ Company		
		rim/ Company		
		782 NW 42 AVE SUITE 434	<u></u>	
		Address		
		MIAMI FL 33126	<u>.</u>	
		City/ State and Zip Code		
	E-mail address: (ereyivan@yahoo.com be used for future annual report notifica	tion)	
For further informa	tion concerning this	natter, please call:		
Ar	nbar Diaz, Esq.	at (305)	476-8100	
Name	of Contact Person	Area Code & Dayti	me Telephone Number	
Enclosed is a check	for the following an	ount made payable to the Florida I	Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee Certificate of Stat	\$43.75 Filing Fee & Certified Copy (Additional copy is enclo	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



CONSOLACION TRAVEL SERVICES INC.

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

P11000022960

(Document Number of Corporation (if known)

A. If amending name, enter the new name of	the corporati	on:	an)
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professions"	designation "C	Corp," "Inc," or "	Co". A professional corporate
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		NONE	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	NONE	
D. If amending the registered agent and/or re new registered agent and/or the new regist			la, enter the name of the
Name of New Registered Agent:	MARIA TER	ESA TESTA	
New Registered Office Address:	3891 SW 14 (Flor	3 AVENUE ida street address)	
<u>M</u>	MAMI (City))	, Florida <u>33175</u> (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	(City) Registered A	Agent:	(Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	LUIS I. HERNANDEZ	3891 SW 143 AVENUE MIAMI FL 33175	□ Add ☑ Remove
<u>P</u>	MARIA TERESA TESTA	3891 SW 143 AVENUE MIAMLEL 33175	☑ Add □ Remove
· ·			
F. If an amo	endment provides for an exchange, re	eclassification, or cancellation of	issued shares.
<u>provision</u>	as for implementing the amendment is applicable, indicate N/A)	f not contained in the amendmen	t itself:

The date of each amendment	(s) adoption: <u>03/21/2011</u>
	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	35
-, <u></u>	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated 03/21 Signature(By a	director, president or other officer – if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	LUIS I HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)