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Division of Corporations

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From:

Account Name : BARINAS & ASSOCIATES INC.

Account Number: I2000000082 : (305)871-0889 Fax Number : (305)870-9623

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN WORLD TRAVEL CUBA. CORP

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: WORLD TRAVEL CUBA. CORP P11000048317 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YANELLE M BARINAS Name of Contact Person BARINAS AND ASSOCIATES INC. Firm/ Company 5701 NW 36 ST Address MIAMI, FL 33166 City/ State and Zip Code BARINASB@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YANELLE M BARINAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. o	of State)
P11000048317		
(Document Number	эт of Corporation (if known)	
ursuant to the provisions of section 607.1006, Plas Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the	he corporation:	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	"orp," "Inc," or "Co". A profe	
Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
,		
. If amending the registered agent and/or registered agent and/or the new registered.	ristered office address in Florida arcd office address:	a. enter the name of the
Name of New Registered Agent		
	(Florida street address)	
	(r tortaa sireet aaaress)	
New Registered Office Address:	(City)	, Florida(Zip Code)
		• • •
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent:	or the chlications of the position
The say seems the supposition as together age	тат јатишт жил или иссер	n the congulations of the position.
Signature	of New Registered Agent, if change	ping C.S. 9
g.,	2	ARE J
		SS.
		E. O. T.
		777
		5 × 1

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	<u>PT</u> <u>Jo</u>	olm Doe	
X Remove	<u>v</u> <u>v</u>	like Jones	
_ <u>X</u> Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	<u>VP</u>	ANIBAL LEON	7000 BAMBOO ST
X Add			MIAMI LAKES, FL 33014
Remove			
2) Change			·
Add			
Remove			
3 ) Change			· -
Add			·
Remove			
4)Change			
Add			
Remove			
5)Change	<b></b>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
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an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
TO THE PARTY OF THE PROPERTY OF THE WILL AND THE PROPERTY OF T		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) a	doption: 07/11/2013
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	
Signature <b>K</b>	A DO
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	CORALIS LEON-LARA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)