P11000065330

Florida Department of State
Division of Corporations
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To:
            Division of Corporations
            Fax Number     : (850)617-6380

From:

            Account Name   : AMBAR DIAZ, P.A.
            Account Number : I20110000016
            Phone          : (305)476-8100
            Fax Number     : (305)476-8788
```

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

Email Address: _jmhernandez@bellsouth.net_

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CUBA 90 MILLAS TRAVEL, INC.

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11 JUL 29 PM 3: 00

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CUBA 90 MILLAS TRAVEL, INC.

DOCUMENT NUMBER: P11000065330

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMBAR DIAZ, ESQ.
Name of Contact Person

AMBAR DIAZ, P.A.
Firm/ Company

782 NW 42 AVENUE SUITE 434
Address

MIAMI, FLORIDA 33126
City/ State and Zip Code

jmhernandez@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMBAR DIAZ, ESQ.   at (305)   476-8100
Name of Contact Person   Area Code & Daytime Telephone Number

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 enclosed)   Certified Copy
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 (Additional Copy is enclosed)

Mailing Address   **Street Address**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
　　　　　　　　　　　　 Tallahassee, FL 32301   (((H11000191216 3)))

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Articles of Amendment
to
Articles of Incorporation
of

CUBA 90 MILLAS TRAVEL, INC.

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

P11000065330

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ N/A _____*The new*
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: N/A _____
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) N/A _____

_____

_____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A _____

New Registered Office Address: _____
(Florida street address)

_____, Florida_____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered Agent, if changing

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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)

Title	Name	Address	Type of Action
VP	Juan Carlos Hernandez	4461 SW 138 CT Miami, Fl 33175	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary)   (Be specific)

N/A

_____

_____

_____

_____

_____

_____

_____

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

_____

_____

_____

_____

_____

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The date of each amendment(s) adoption: _____ 7|25/11 _____

(date of adoption is required)

Effective date **if applicable**: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)   **(CHECK ONE)**

☑ 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)

☐ 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 ____ 7|25|11 _____

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)

_____ Maladys Hernandez _____
(Typed or printed name of person signing)

_____ President . _____
(Title of person signing)

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