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OLIVIA TRAVEL, INC

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COVER LETTER

Division of Corporations OLIVIA TRAVEL, INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OLIVIA MUNOZ Name of Contact Person OLIVIA TRAVEL, INC. Firm/ Company 3290 N.W. 18TH STREET Address **MIAMI, FL 33125** City/ State and Zip Code oliviadzvid2003@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OLIVIA MUNOZ 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: ☐\$52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

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Taliahassee, FL 32301

TO: Amendment Section

(((H16000073627 3)))

Articles of Amendment to Articles of Incorporation of

JVIA TRAVEL, INC.		al- Mad midd the District Daniel of Conta	
(<u>Name</u> 1000067710	or Corporation as current	tly filed with the Florida Dept. of State)	
	(Decement Northern	of Corporation (if known)	
	(Document Number of	ii Corporation (ii kilowii)	
suant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amends	nent(s)
If amending name, enter the new n	ame of the corporation:		
CHANGES		The ne	tw
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation. "Co". A professional corporation name must contain to "P.A."	
. Enter new principal office address, if applicable:		NO CHANGES	
incipal office address <u>MUST BE A S</u>			
			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NO CHANGES	
			O
		7	ON 18 23 M 9: 03
			_
		dress in Florida, enter the name of the	D .
new registered agent and/or the ne		<u>181</u>	သိ
Name of New Registered Agent	NO CHANGES		<u> </u>
			٠٠
	(Florida si	treet address)	<u>ب</u>
	NO CHANGES	-14	ັພ
New Registered Office Address:		, Florida	•
New Registered Office Address.			

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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)

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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	OLIVIA MUNOZ	3290 N.W. 18TH STREET
X Add			MIAMI, FL 33125
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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. If amending or adding additional Ar	ticles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
IO CHANGES	
45.7	
	
. If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
O CHANGES	
	<u>-</u>

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FILED SECRETARY OF STATE DIVIDION COSPON TICK (((H16000073627 3)))

	16 MAR 23 AM 9: 04	
The date of each amendment(s) adopt date this document was signed.	rtion;	_ if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will statent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	od by the shareholders. The number of votes cast for the amendment(s) sient for approval.	
The amendment(s) was/were approximust be separately provided for each	od by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
MARCH 23R Dated	D, 2016	
Signature		_
(By a direct selected, b	tor, president or other officer — if directors or officers have not been y an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
D	AVID CASTANO	
	(Typed or printed name of person signing)	
PF	UESIDENT	
	(Title of person signing)	

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