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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	RS & CHARTERS INC		_
DOCUMENT NUM	P12000030347			_
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	JOEL L AITKENS			
`				
		Firm/ Company		
		Address		
	PEMBROKE PINES, FL 330			
		City/ State and Zip Cod	e	
joela	itkensjr@yahoo.com		`.	
-	E-mail address: (to be us	ed for future annual report	notification)	- 75 5
For further informatio	n concerning this matter, pleas	e call:		
JOEL AITKENS		at (954	682-1461	umber 5
Name	of Contact Person	Area Co	de & Daytime Telephone Nu	ımber
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	5
\$35 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)	
	iling Address endment Section		Address Iment Section	

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

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

Articles of Amendment to Articles of Incorporation of

DYNASTY TOURS & CHARTERS INC

(<u>Name of Corporation as currentl</u>	y filed with the Florida Dept. of State)	
12000030347		
(Document Number of	f Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the fo	llowing amendment(s
. If amending name, enter the new name of the corporation:		
•		The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or " ord "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name	the abbreviation
. Enter new principal office address, if applicable:	4455 SW 34TH STREET	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE PP219	
	GAINESVILLE FL 32608	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4455 SW 34TH STREET	
intalling dual ass inter- being topic of the Both	SUITE PP219	
	GAINESVILLE FL 32608	مند برین پیش
. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		S ANG 3C
Name of New Registered Agent		THE THE
(Florida str	eet aaaress)	三
New Registered Office Address:	(City)	(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)

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>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	·
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	JACQUELINE ANGELISA MITCHI	2114 N FLAMINGO ROAD 216
Add				PEMBROKE PINES FL 33028
X Remove				
2) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add			•	
Remove				
5) Change			 	
Add				
Remove				
6) Change				
Add				
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shap provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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(y not approvate, numeric (mi)	
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The date of each amendment(s) adoption:, date this document was signed.	if other than the
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 will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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	
(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)	
JOEL AITKENS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	