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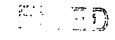
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRAvel BIZ Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrice A Anderson  Name of Contact Person  TRAvel Biz Inc  Firm/ Company  507 Wellington Ave  Address  Lehigh Acas F1 33972  City/ State and Zip Code
TRAvel Biz 11C
507 Wellington Ave
Lehigh acros F1 33972
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATRICIA Anderson at 954 S129476  Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section  Division of Corporations Division of Corporations

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 Articles of Incorporation



2019 HAY 20 AH 10: 47

0120000061290 (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: 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: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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

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 Doc 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 Remo Example:	ove, and Sa	lly Smith, SV as an Add.	"
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	TR	FREderick JAMES	507 Wellington Ave
<u> </u>			507 Wellington Ave Letigh acor, Fl 3397.
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
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5) Change		<del>-</del>	
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Remove			
S) Change	·	<del></del>	
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
TRAnsfer a	11 Stocks to
PATRICA And	n Anderson and Frederick
JAMES L,	ving trust.
<u> </u>	
<del>-</del>	-
	······································

The date of each amendment(s) adoption: 4/30/19	, if other than the
date this document was signed.	
Effective date if applicable: 5/15/19 (no more than 90 days after amendment)	
(no more than 90 days after amendment	t file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not 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 east for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	
"The number of votes cast for the amendment(s) was/were sufficient for approva	1
by	 
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder act action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
Dated5/16/19 Signature_Patricia Gandusc	
Pat in a advisa	9.77
Signature / EUU G G G G G G G G G G G G G G G G G G	pare baya not boon
selected, by an incorporator – if in the hands of a receiver, to	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-1507
(Typed or printed name of person signing)	<b>'</b>
president	
(Title of person signing)	