P13000018644

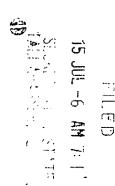
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Travel Solutions In	1c.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Christopher Rodriguez		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
-		Firm/ Company	
	401 Biscayne BLVD Suite#	N245	
•	Miami, FL 33132	Address	
-		City/ State and Zip Cod	e
crodri	guez88@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call.	
Christopher Rodriguez		786	201-0914
Name o	f Contact Person	Area Co) 201-0914 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;
■ \$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)
Ame Divis P.O.	ing Address Indirect Section Indirect Se	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fravel Solutions Inc.			
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P13000018644			
(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. 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	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	401 Biscayne BLVD Suite# N245		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, FL 33132		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 Biscayne BLVD Suite# N245		
	Miami, FL 33132		
. If amending the registered agent and/or registered office add			
new registered agent and/or the new registered office address	<u>s:</u>		
	<u>s:</u>		
Name of New Registered Agent			
Name of New Registered Agent			

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 <math>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 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			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
					
			·		
				<u> </u>	
					
			···		
		··			
an amendment provides for an excl	nange, reclassificatio	n, or cancellation	of issued sha	ares,	
provisions for implementing the ame (if not applicable, indicate N/A)	indment if not conta	ined in the amend	<u>iment itself:</u>		
,					
					_
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed. 06/23/2015 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 document's effective date on the Department of State's records.	not be listed as the
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	
☐ 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.	
06/23/2015 Dated	
Signature (Ry 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)	
Christopher Rodriguez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	