## P130000 18644

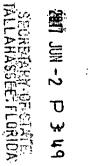
| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Boodinest Hamber)                      |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                            | ATION: TRAVEL SOLUT                         | TIONS, INC.                                                        |                                                                                        |
|-------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMBI                            |                                             |                                                                    |                                                                                        |
| The enclosed Articles of                  | f Amendment and fee are si                  | ıbmitted for filing.                                               |                                                                                        |
| Please return all corresp                 | ondence concerning this ma                  | tter to the following:                                             |                                                                                        |
| C                                         | Christopher Rodriguez                       |                                                                    |                                                                                        |
| <del></del>                               | <del></del>                                 | Name of Contact Person                                             | n                                                                                      |
| Л                                         | RAVEL SOLUTIONS, IN                         | C.                                                                 |                                                                                        |
| <del>-</del>                              | <u> </u>                                    | Firm/ Company                                                      |                                                                                        |
| 6                                         | 011 SW 88 ST                                | Thus Company                                                       |                                                                                        |
| <del></del>                               |                                             | Address                                                            |                                                                                        |
| N                                         | 1iami, FL 33156                             |                                                                    |                                                                                        |
|                                           |                                             | City/ State and Zip Cod                                            | e                                                                                      |
| 1.1                                       | 000 "                                       |                                                                    |                                                                                        |
| crodrig                                   | uez88@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                     |                                             | at ( 786                                                           | 201-0914                                                                               |
| Name of                                   | Contact Person                              | Area Co                                                            | de & Daytime Telephone Number                                                          |
| Enclosed is a check for t                 | he 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) |
|                                           | g Address                                   |                                                                    | Address                                                                                |
| Amendment Section                         |                                             | Amendment Section Division of Corporations                         |                                                                                        |
| Division of Corporations<br>P.O. Box 6327 |                                             |                                                                    | Building                                                                               |
| Tallahassee FL 32314                      |                                             | 2661 Executive Center Circle                                       |                                                                                        |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| TRAVEL SOLUTIONS, INC.                                                                                                                                                                                  |                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as current)                                                                                                                                                                        | y filed with the Florida Dept, of State)                                                                   |
| P13000018644                                                                                                                                                                                            |                                                                                                            |
| (Document Number of                                                                                                                                                                                     | Corporation (if known)                                                                                     |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:                                                                                                   | Florida Profit Corporation adopts the following amendment(s) to                                            |
| A. If amending name, enter the new name of the corporation;                                                                                                                                             |                                                                                                            |
|                                                                                                                                                                                                         | The new                                                                                                    |
| name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "(word "chartered," "professional association," or the abbreviation ". | n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                             |                                                                                                            |
| 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:  new registered agent and/or the new registered office address:                                                                   |                                                                                                            |
| Name of New Registered Agent                                                                                                                                                                            |                                                                                                            |
|                                                                                                                                                                                                         |                                                                                                            |
| (Florida stre                                                                                                                                                                                           | et address)                                                                                                |
| New Registered Office Address:                                                                                                                                                                          | , Florida                                                                                                  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w                                                                    | ith and accept the obligations of the position.                                                            |
| Signature of New Re                                                                                                                                                                                     | egistered 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)

Example:

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.

| <u>X</u> C  | hange                | <u>PT</u> | John Doe           |                   |
|-------------|----------------------|-----------|--------------------|-------------------|
| <u>X</u> R  | emove                | <u>V</u>  | Mike Jones         |                   |
| <u>X</u> A  | Add                  | <u>sv</u> | Sally Smith        |                   |
|             | of Action<br>ck One) | Title     | Name               | <u>Addres</u> s   |
| 1) _        | Change               | Secreta   | Cristina Rodriguez | 6011 SW 88 Street |
|             | Add                  |           |                    |                   |
| X<br>—      | Remove               |           |                    | Miami, FL 33156   |
| 2) _        | Change               | VP        | Cirilo Rodriguez   | 6011 SW 88 STREET |
|             | Add                  |           |                    |                   |
| <u>X</u>    | Remove               |           |                    | MIAMI, FL 33156   |
| 3)_         | Change               |           |                    |                   |
| <del></del> | Add                  |           |                    |                   |
|             | Remove               |           |                    |                   |
| 4)          | Change               |           |                    |                   |
|             | Add                  |           |                    |                   |
|             | Remove               |           |                    |                   |
| 5)          | Change               |           |                    |                   |
|             | Add                  |           |                    |                   |
|             | Remove               |           |                    |                   |
| _           | <del></del>          |           |                    |                   |
| 6)          | Change               |           |                    |                   |
| _           | Add                  |           |                    |                   |
|             | Remove               |           |                    |                   |

| •                                                                                                          | cles, enter change(s) here: (Be specific)                         |                                                 |      |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------|------|
|                                                                                                            |                                                                   |                                                 |      |
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|                                                                                                            |                                                                   |                                                 |      |
|                                                                                                            |                                                                   |                                                 |      |
| an amendment provides for an excherovisions for implementing the amen (if not applicable, indicate N/A)    | ange, reclassification, or cance<br>dment if not contained in the | ellation of issued shares, amendment itself:    |      |
| provisions for implementing the amen                                                                       | ange, reclassification, or canced diment if not contained in the  | ellation of issued shares,<br>amendment itself: |      |
| rovisions for implementing the amen                                                                        | ange, reclassification, or canced ment if not contained in the    | ellation of issued shares,<br>amendment itself: | -    |
| provisions for implementing the amen                                                                       | ange, reclassification, or canced ment if not contained in the    | ellation of issued shares,<br>amendment itself: | -    |
| provisions for implementing the amen                                                                       | ange, reclassification, or canced ment if not contained in the    | ellation of issued shares,<br>amendment itself: |      |
| provisions for implementing the amen                                                                       | ange, reclassification, or canced ment if not contained in the    | ellation of issued shares, amendment itself:    |      |
| f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or canced ment if not contained in the    | ellation of issued shares, amendment itself:    |      |

|                                                                       | 05/24/2017                                                                                                                                                                                      |                      |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| The date of each amendment(s) a date this document was signed.        | doption:                                                                                                                                                                                        | _, if other than the |
| Effective date if applicable:                                         |                                                                                                                                                                                                 |                      |
|                                                                       | (no more than 90 days after amendment file date)                                                                                                                                                |                      |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will epartment of State's records.                                                                                  | not be listed as the |
| Adoption of Amendment(s)                                              | ( <u>CHECK ONE</u> )                                                                                                                                                                            |                      |
| The amendment(s) was/were ad by the shareholders was/were s           | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.                                                                                                |                      |
|                                                                       | proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.               | opted by the board of directors without shareholder action and shareholder                                                                                                                      |                      |
| The amendment(s) was/were ad action was not required,                 | opted by the incorporators without shareholder action and shareholder                                                                                                                           |                      |
| 05/24/201<br>Dated                                                    | 7<br>                                                                                                                                                                                           |                      |
|                                                                       |                                                                                                                                                                                                 |                      |
| Signature                                                             |                                                                                                                                                                                                 | _                    |
| selecte                                                               | lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary) |                      |
|                                                                       | Christopher Rodriguez                                                                                                                                                                           |                      |
|                                                                       | (Typed or printed name of person signing)                                                                                                                                                       | <del></del>          |
|                                                                       | President                                                                                                                                                                                       |                      |
|                                                                       | (Title of person signing)                                                                                                                                                                       | <del></del>          |