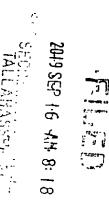


	·
(1	Requestor's Name)
(,	Address)
(,	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
(Document Number)
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SEP 3 0 2019 C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ONE WAY TRAV	/EL INC			
DOCUMENT NUM	BER: P13000065250				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	 espondence concerning this ma 	itter to the following:			
	 EVANGELINA IRIGOYEN	!			
	Name of Contact Person				
	ONE WAY TRAVEL INC				
	Firm/ Company				
	1950 SW 122ND AVE APT	302			
		Address			
	MIAMI, FL 33175-7351				
		City/ State and Zip Cod	u		
	E-mail address: (to be used) n concerning this matter, please		notification)		
EVANGELINA IRIO	GOYEN	at (<u>305</u>	206-5162		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Fiting Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, Fl. 32301		

Articles of Amendment to

Articles of Incorporation

P13000065250 (Document Dursuant to the provisions of section 607.1006, Florida Stal	s currently filed with the Florida Dept. of !	C+\
(Document) Pursuant to the provisions of section 607,1006, Florida State		State)
Pursuant to the provisions of section 607,1006, Florida Stat		
	Number of Corporation (if known)	,
ts Articles of Incorporation:	autes, this <i>Florida Profit Corporation</i> adopts	the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:	
		mit.
name must be distinguishable and contain the word "c	cornoration " "company " or "incornorate	The new od" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	ne," or "Co". A professional corporation	
3. Enter new principal office address, if applicable:	1950 SW 122ND AVE	
Principal office address MUST BE A STREET ADDRES	APT 302	20.
	MIAMI, FL 33175-7351	386
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1950 SW 122ND AVE	16
·	APT 302	8
	MIAMI. Fl. 33175-7351	<u> </u>
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic		<u>the</u>
Name of New Registered Agent		
1950 SW 122NI	DAVE APT 302	
	Florida street address)	
	. Flo	33175-7351
New Registered Office Address: MIAMI	(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 = Chairmon 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>P.L</u>	John Do	<u>)c</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	þ		EVANGELINA IRIGOYEN	1950 SW 122ND AVE
Add				APT 302
Remove				MIAMI, FL 33175-7351
2) Change		_		,
Add				
Remove				
3) Change				·
Add				
Remove				
4) Change		_		
Add				
Remove				
5)Change		_		
Add				
Remove				
6) Change .				
Add		_		
Remove				

E. Ifamending or a	dding additional Articles, enter change(s) here:
(Attach additional	sheets, if necessary). (Be specific)
N/A	
	<u> </u>
	<u> </u>
	1 1
-	
	' 1
 	<u> </u>
····	
	<u> </u>
F. <u>If an amendmen</u>	provides for an exchange, reclassification, or cancellation of issued shares.
frovisions for till (if not applied)	inplementing the amendment if not contained in the amendment itself; cable, indicate N/A)
N/A	
18/PX	
· · · · · · · · · · · · · · · · · · ·	
	<u>. </u>
	
	1

The date of each amendment(s	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	гтепі
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
	MBER 10, 2019	
Dated		
Signature	6. rougo Mung	
sele	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en ourt
	EVANGELINA IRIGOYEN	
	(Typed or printed name of person signing)	
:	PRESIDENT	
	(Title of person signing)	