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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: P13000076039

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BELINDA GUDIEL

TRANSMUNDO TOURS CORP

Firm/ Company

Name of Contact Person

777 NW 72 AVE SUITE 1075

Address

MIAMI, FL 33126

City/ State and Zip Code

Tallahassee, FL 32303

belinda.gudiel@transmundohn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>305</u>) 9142321 Area Code & Daytime Telephone Number **BELINDA GUDIEL** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43,75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

TRANSMUNDO TOURS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P130000760	39
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(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:

The new 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 "CoA professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address, if applicabl</u> (Principal office address <u>MUST BE A STREET AD</u>				
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)</u>		2021 OCT 15 AM 9:	FILED
D. If amending the registered agent and/or registe new registered agent and/or the new registered		name of the	27	~
Name of New Registered Agent				69
	(Florida sticet address)			
New Registered Office Address:		Florida		
	(City)	(Zip Code	9	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *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

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an d address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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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:	ic, una sunți si	nnn, 57 us an Aua.	
<u>X</u> Change	<u>PT Jo</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	<u>Ily Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	Officer	MARITZA DIAZ	5156 NW 116 CT Doral, FL
Add			33178
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change	 .		
Add			<u> </u>
Remove			
57 Change	_		
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

A	Ą	sneets, if necess	sary). (Be specifi	IC)			
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The date of each amendment(s) adoption: ______ date this document was signed.

Effective date if applicable: ____

. . . .

(no more than 90 days after amendment file date)

_____, if other than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- 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) Octuber 1, 2021 Dated___ Signature (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) **BELINDA GUDIEL** (Typed or printed name of person signing)

PRESIDENT

(Title of person signing)