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NOV 25 2013 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	D1200007067		URISM \	WORLDWIDE INC.			
	Amendment and fee are sul	omitted for fili	ng.				
Please return all correspo	ndence concerning this mat	ter to the follo	wing:				
C	ASEMIRO RAM	IOS A JU	JNIOR				
			ontact Person				
C	UALITY TAVEL	& TOUF	RISM W	ORLDWIDE INC.			
			Company				
<u>8</u>	94 N FEDERAL						
r	Address						
<u> </u>	POMPANO BEAC		and Zip Code				
	0.11	City/ State	mu Zip Code				
aces	ar@live.com E-mail address: (to be us	ad Can Gutura a		notification)			
	iz-man address, (to be ds	ed for future a	iniuai report	lottication			
For further information c	oncerning this matter, pleas	e call:					
CASEMIRO R	AMOS A JUNIO	R .	954	880-4230			
	Contact Person	au (le & Daytime Telephone Number	—		
Enclosed is a check for t	ne following amount made p	payable to the	Florida Depa	rtment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ameno Divisio P.O. B	In Address Iment Section on of Corporations ox 6327 assee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment Articles of Incorporation of

QUALITY TAVEL	. & TOURISM \	WORLDWIDE	INC

(Name of Corporation as	currently filed with the	Florida Dept. of S	State)
P13000078672			2
	Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	s <i>Florida Profit Co</i>	orporation adopts the following amendment(s)
A. If amending name, enter the new name	me of the corporation:		The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associate	ntion "Corp," "Inc," or	"Co". A professi	or "incorporated" or the abbreviation
B. Enter new principal office address, i	fannligable:	894 N F	EDERAL HWY
(Principal office address MUST BE A ST	REET ADDRESS)	Pompan	o Beach, FL 33062
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	rable: OFFICE BOX	SAME	
D. If amending the registered agent and new registered agent and/or the new			enter the name of the
	CASEMIRO RA		NIOR
Name of New Registered Agent	894 N FEDER		
		street address)	
New Registered Office Address:	POMPANO BEACH		, Florida_33062
New Registered Office Hadress.	(City)		(Zip Code)
New Registered Agent's Signature, if ch	anging Registered Ager	nt:	

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 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		TATIANA L C CARVALHO	22214 BELLA LAGO DR.
Add	- 1	_		APARTMENT 2213
Remove				BOCA RATON, FL 33433
🗖 🛪				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u>. </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6) Lange Change				
Add				
Romove				

tach additional sheets, if neces	isary). (Be sp	ecific)			
<u> </u>					
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an amendment provides for a rovisions for implementing the	<u>an exchange, r</u> he amendment	if not contain	<u>, or cancellati</u> red in the ame	<u>on ot issued sh</u> ndment itself:	ares,
(if not applicable, indicate	N/A)				
	<u></u>			····	
					
		·			

The date of each amendment(s) adoption: OCTOBER/31/2014	_, if other than the
date this document was signed.	
Effective date if applicable:	W
(no more than 90 days after amendment file date)	
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	
(voting group)	
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.	
Dated_OCTOBER/31/2014	
Signature Person Library.	
(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)	
CASEMIRO RAMOS A JUNIOR	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	