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OCT 23 2013 T. CARTER SECRETARY OF STATE TALL / PARTE STATE AND A PROPERTY OF STATE

COYER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RJR Travel Consultants, Inc. DOCUMENT NUMBER: <u>p</u>13000081588 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexandra Linares Name of Contact Person RJR Travel Consultants, Inc. Firm/ Company 5808 SW 69 Avenue Address Miami, FL 33143 City/ State and Zip Code joselinares90@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alexandra Linares Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



13 OCT | | AH | |: 45 RJR Travel Consultants, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P13000081588 (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: N/A 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 "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: 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

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.

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	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Roberto A. Linares	5949 SW 50 Street
Add			Miami, FL 33155
Remove			
2) Change	P	Jennifer V. Linares	5949 SW 50 Street
Add			Miami, FL 33155
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
i i Kemove			

. <u>If ame</u> Attach	nding or adding additional Article additional sheets, if necessary).	es, enter change(s) here: (Be specific)
1/A		11
If an a	omandmant provides for an excha	nge, reclassification, or cancellation of issued shares,
provi	isions for implementing the amend	dment if not contained in the amendment itself:
	if not applicable, indicate N/A)	
I/A		

The date of each amendment(s) at date this document was signed.	loption; 10/1/2013	if other than the
Effective date if applicable: 10/	1/2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_10/4/20	13	
Signature		
(By a d	rector, president or other officer - if directors or officers have not been	
	id, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Jose A. Linares	
•	(Typed or printed name of person signing)	-
	V	
	(Title of person signing)	