## P1400000330

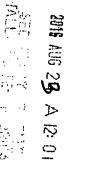
(F	Requestor's Name)	
(/	Address)	
( <i>P</i>	Address)	
(0	City/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
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SEP 07 2016 T. LEMMEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AVILA TRAVEL	CORPORATION	
DOCUMENT NUMB	ER: P14000012330		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	HENRY COSTA		
•		Name of Contact Person	n
	210 010/10771/ 11/5	Firm/ Company	
-	210 SW 107TH AVE	Address	
•	MIAMI FL 33174	71441000	
-		City/ State and Zip Cod	e
For further information	concerning this matter, pleas	e call:	
HENRY COSTA		at (	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

## AVILA TRAVEL CORPORATION

(Name of Corporation as curren	itly filed with the Florida Dep	t. of State)			
P14000012330					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation a	dopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:		ari.			
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpora				
B. Enter new principal office address, if applicable:	5571 NW 113TH PL				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	DORAL, FL 33178				
•					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5571 NW 113TH PL				
	DORAL, FL 33178				
·		<del></del>			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address					
(Florida )	street address)				
New Registered Office Address:	(City)	_, Florida (Zip Code)			
	(Chiy)	·			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia					
		Ē			
Signature of New	Registered Agent, if changing	<b>→</b>			
		R D			

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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove					
3 ) Change		_			
Add					
Remove					
4) Change					
Add				•	
Remove					
5) Change					
Add		_			
Remove					
			,		
6) Change		_			
Add					
Pemove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<del></del>

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as th
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)	
(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  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)	
(Typed or printed name of person signing)	
(Title of person signing)	