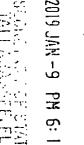
(Address)			
ML.			
Special Instructions to Filing Officer:			

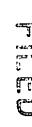
Office Use Only



200322870942

01/09/19--01011--006 **35.00







COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (305) 397 8800 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to

FILED

Articles of Incorporation

	of	poration	2019 JAN -9 PI	# 6: 18
(Name of Cor	os Touriso	n Cons	Florida Dept. of State	0.7.65 11. FL
	PIUNNO	605	410	
	Document Number of C	Corporation (if	known)	
Pursuant to the provisions of section 607.1006. its Articles of Incorporation:	Florida Statutes, this <i>Fl</i> o	orida Profit C	orporation adopts the f	ollowing amendment(s) t
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A profess.		
B. Enter new principal office address, if app	licable:			
(Principal office address <u>MUST BE A STREE</u>				
			·	
C. Enter new mailing address, if applicable:	:			
(Mailing address MAY BE A POST OFFIC	CE BOX)			
			<u> </u>	
D. If amending the registered agent and/or r	egistered office addres	s in Florida, e	enter the name of the	
new registered agent and/or the new regis			_	
Name of New Registered Agent				
	(Florida street	t address)		
	(2	,		
New Registered Office Address:		ity)	Florida_	(Zip Code)
	(C	107		(Esp Citie)
New Registered Agent's Signature, if changing	ng Registered Agent:			
I hereby accept the appointment as registered a		th and accept t	he obligations of the po	sition.
	Signature of New Page	ictored Anant	if changing	
	Signature of New Reg	зыегеи мует,	y enanging	

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Elena Battani	do Strang Adams PA.
Add Remove			1130 Washington Aie 3rdf Minmi Bch FC 33139
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
				_
				•
			-	
· · · •				
f an amendment provides for an exch	ange, reclassification	ı, or cancellation of	issued shares,	
provisions for implementing the ame	<u>ndment if not contair</u>	ned in the amendme	<u>nt itself:</u>	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			· <u> </u>	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption: _ late this document was signed.	1/7/19	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>C</u>	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amo	endment(s) was/were sufficient fo	or approval
by(ve		·.
11 (ve	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without sharehold	der action and shareholder
Dated : 7 1	allo Parto	
(By a director, pre	esident or other officer – if direct	
	corporator – if in the hands of a r ry by that fiduciary)	eceiver, trustee, or other court
	Courts Con	etla
	(Typed or printed name of person	on signing)
	<u> PD</u>	
	(Title of person sign	ning)

Detail by Entity Name

Florida Profit Corporation LOTUS TOURISM CONSULTANTS, CORP.

Filing Information

Document Number

P14000060546

FEI/EIN Number

47-1363435

Date Filed

07/16/2014

State

FL

Status

ACTIVE

Principal Address

1410 20 ST SUITE 203 MIAMI BEACH, FL 33139

Mailing Address

1410 20 ST SUITE 203 MIAMI BEACH, FL 33139

Registered Agent Name & Address

TOVAS, ILEANA A 1410 20 ST SUITE 203 MIAMI BEACH, FL 33139

Officer/Director Detail

Name & Address

Title PD

CARAVELLO, CONCETTA 1410 20 ST SUITE 203 MIAMI BEACH, FL 33139

Annual Reports

Report Year	Filed Date
2016	04/14/2016
2017	03/06/2017
2018	03/13/2018

Document Images

03/13/2018 ANNUAL REPORT	View image in PDF format
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04/14/2016 ANNUAL REPORT	View image in PDF format
04/30/2015 ANNUAL REPORT	View image in PDF format
07/16/2014 - Domestic Profit	View image in PDF format



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