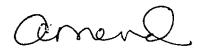
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(Re	questor's Name)				
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COVER LETTER

TO: Amendment Section

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: SUPER VACATION Deal INC DOCUMENT NUMBER: P1400087464
DOCUMENT NUMBER: P 1 4 00 00 87 464
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shiriw Two. Name of Contact Person
SUPER VACATION Deal INC
8803 FUTURES dr #10A
ORLAND F1 32819
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vinginia Sue Hadley at (407) 558-5527 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address
Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

SUPER VACATION Deal INC.
(Name of Corporation as currently filed with the Florida Dept. of State) FILED
P 1 40000 87 464 2015 JAN 16 PM 31 10
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Carporation adopts the BIANTE amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL., 32801
C. Enter new mailing address, if applicable: (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 Virginica She Hadley 35 w. Pine Street # 223 (Florida street address)
New Registered Office Address: ORLANDO, Florida 32801 (City) (Zip Code)
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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Shirin Imani	8803 Futures dr
Add		#10 A
Remove		8803 Futures dr #10A ORZANDO F/ 328/
2) Change	P Virginia sur Hadley	35 w. Pine st.
Add	Ha dley	# 223
Remove		ORLANDO Fl 32801
3) Change		
Add		
4) Change	· .	
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)				
	<u>.</u>				
					
				·····	
					
					
If an amendment provides for an exch provisions for implementing the ame	<u>iange, reclassifica</u> ndment if not con	<u>tion, or cance</u> tained in the t	<u>llation of issue:</u> amendment its:	<u>d shares,</u> elf:	
(if not applicable, indicate N/A)					
<u> </u>					
				<u>, </u>	
				 	

The date of each amendment(s) adoption:			
date this document was signed.			
Effective date if applicable: File Date			
(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 19-14			
Signature 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)			
SNIVIN IMANI			
(Typed or printed name of person signing)			
President			
(Title of person signing)			