## P14000087548

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DIVISION OF CORPORATIONS

CV 19-14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST TRAVEL ADS CORP				
DOCUMENT NUMBER: P14000087548				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sergio Merconchini Name of Contact Person Best Travel Ads Corp Firm/Company 6767 NW 182 ST site 102 Address Hialeah, FL 33015 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pierre Gillenwaters at 702 544-0900  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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

**Articles of Incorporation** of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

BEST TRAVEL ADS CORP	14 DEC 16 PM 2: 07
(Name of Corporation as currently filed with the	Florida Dept. of State)
P14000087548	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	6767 NW 1825T Suite 102
	Hialeah, FL 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6767 NW 182 ST
• ;	Suite 102
	HiAleAL, FL 33015
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	

New Registered Agent's Signature, if changing Registered Agent:

1 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

New Registered Office Address:

(Florida street address)

(City)

\_, Florida\_

(Zip Code)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	Pierre Gillenwaters	31856 Kingswood sq. Farmington Hills Mi 4833
Add			Farmington Hills Mi 48331
Remove			
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).	icles, enter change(s) here: (Be specific)
-	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(i) not applicable, malcule 19/A)	
(y not appricable, maicule WA)	
g not approuve, muture WA)	
у посирысшие, тисие п/А)	
g not applicable, mulcule MA)	
g not applicable, mulcule WA)	
g not applicable, mulcule WA)	
(g not applicable, mulcule WA)	

The date of each amendment(s) adoption:	FILED SEURETARY (Mother than the DIVISION OF CORPORATIONS
date this document was signed.	DIVISION OF CORPORATIONS
Effective date <u>if applicable</u> : (no more than 90 days of the second seco	14 DEC 16 PM 2: 07  after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	97
(voting group)	
The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 12/8/14	
Signature VIMA	<del></del>
By a director, president or other officer - if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
TIERRE GILLEN	WATERS
PIERRE GILLEN (Typed or printed)	name of person signing)
PERSONAL	

(Title of person signing)