

Florida Department of State
Division of Corporations
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((H15000030054 3)))



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To: Division of Corporations
Fax Number : (850)617-6388

From: Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PROTOCOLO TOURS, INC.**

Certificate of Status	0
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Amend.

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Corporate Filing Menu

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February 6, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PROTOCOLO TOURS, INC.
75 VALENCIA AVENUE, STE. 703
CORAL GABLES, FL 33134

SUBJECT: PROTOCOLO TOURS, INC.
REF: P14000092032

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000030054
Letter Number: 215A00002498

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15 FEB 17 AM 11:02

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PROTOCOLO TOURS, INC.

DOCUMENT NUMBER: P14000092032

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roark R. Monahan

Name of Contact Person

Monahan-Mijares CPA, PA

Firm/ Company

75 Valencia Avenue, St 703

Address

Coral Gables, FL 33134

City/ State and Zip Code

elismor.castillo@mma.com.ve

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan

Name of Contact Person

at (305)

4071439

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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

PROTOCOLO TOURS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000092032

(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:

The new 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**)*

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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

FILED
15 FEB 17 AM 8:39
STATE OF FLORIDA
DIVISION OF CORPORATIONS

(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:

XChange PT John Doe

<u>X Remove</u>	<u>V</u>	<u>Mike Jones</u>
-----------------	----------	-------------------

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>D</u>	<u>Maria Carolina Rojas</u>	<u>75 Valencia Av Suite 703</u>
<input checked="" type="checkbox"/> Add			<u>CORAL GABLES, FL 33134</u>
<input type="checkbox"/> Remove			

2) ☐ Change _____
☐ Add _____
☐ Remove _____

3) ☐ Change _____

☐ Add _____

☐ Remove _____

4) ☐ Change _____
☐ Add _____
☐ Remove _____

5) ☐ Change _____
☐ Add _____
☐ Remove _____

☐ Change
☐ Add
☐ Remove

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 02/04/2015

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)

Ricardo Rojas

(Typed or printed name of person signing)

President - Director

(Title of person signing)