Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000036864 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: AMBAR DIAZ, P.A.

Account Number : I20110000016

Phone

: (305)476-8100

Fax Number

: (305)476-8788

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CUBA TOURS TRAVEL AGENCY CORP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

TO: 8506176380

P.2

(((H15000036864 3)))

		COVER LETTER	
TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: CUBA TOU	RS TRAVEL AGE	NCY CORP
	R: P15000007		
	Amendment and fee are su		
Please return all correspo	ndence concerning this ma	tter to the following:	
N	MANUEL I RO	DRIGUEZ	
_	 -	Name of Contact Person	n
	UBA TOURS		ENCY CORP
		Firm/ Company	
<u>7</u>	921 SW 40 S	T 41	
	-	Address	
<u>N</u>	11AMI, FL 33	155	
		City/ State and Zip Cod	c
man	ny@cubatour	senvios.com	
	<i>,</i> —	sed for future annual report	notification)
For further information co	onceming this matter, pleas	se call:	
MANUEL I R	ODRIGUEZ	_{et (} 786	,506-4622
Name of C	Contact Person		de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	ariment 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)
Mallin	Address	Street	Address

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

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

(((H15000036864 3)))

3054768788

TO: 8506176380

(((H15000036864 3))) FILED

Articles of Amendment Articles of Incorporation 2015 FEB 12 AM 11: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CUBA TOURS TRAVEL AGENCY CORP

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

P15000007431

O CHANGES e must be distinguishable and co	ntain the word "corporatio	n." "company." or "incorpo	The ne
rp.," "Inc.," or Co.," or the desig I "chartered," "professional associ	nation "Corp." "Inc," or "	'Co". A professional corpora	tion name must contain ti
Enter new principal office address ncipal office address <u>MUST RE A</u>	s, if applicable:	NO CHANGE	<u>S</u>
Enter new mailing address, if app Mailing address <u>MAY BE A POST</u>		NO CHANGE	S
		was in Florida enter the name	
f amending the registered agent a	nd/or registered office addu		e of the
f amending the registered agent a new registered agent and/or the n	ew registered office address	: 	e of the
[amending the registered agent a new registered agent and/or the no Name of New Registered Agent	NO CHANCES	ESS II PROFICES ENTER THE HAME	<u>e ot tne</u>
new registered agent and/or the ne	NO CHANGES	<u> </u>	<u>e ot the</u>
new registered agent and/or the no	NO CHANGES (Florida str	eet address)	<u>e ot the</u>
new registered agent and/or the ne	NO CHANGES (Florida str	ees address) S, Florida	(Zip Code)

(((H150000368643)))

If amending the Officers and/or Directors, enter the title and name of each officer/dir 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	PT	John D	<u> 00e</u>			
X Remove	Y	Mike J	Mike Jones			
X Add	<u>sv</u>	Sally S	<u>Smith</u>			
Type of Action (Check One)	Title		Name	<u>Addres</u> s		
1) Change	VP		ELIECER VELAZQUEZ	16476 SW 76 ST		
Add				MIAMI, FL 33193		
Remove						
2) Change						
Add						
Remove						
3) Change		<u> </u>				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change	<u> </u>	_				
Add						
Remove				<u> </u>		
6) Change		_				
Add						
Remove				— (((H15000036864 3)))		

(((1115000036864-3)))

O CHANG	onal sheets, if nec ES	essary). (Be spe	ecific)			
				····		
		· · · · · · · · · · · · · · · · · · ·	· ·			
				 		
					-	
* * * * * * * * * * * * * * * * * * *						
provisions f	or implementing oplicable, indicate	<u>the amendment i</u>	classification, or I not contained	cancellation of in the amendmen	ssued shares, t itself:	
O CHANG	<u> </u>					
			<u>, v</u>			
			, ,			
						