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SLORETARY OF STATE

TALLAHASSEE, FLORIGA

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: TAKE ME AWAY TRAVEL SERVICES, INC				
DOCUMENT NUMBER: P15000018897				
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
AIME PEREZ				
	Name of Contact Person			
TAKE ME AWAY TRAVEL S	ERVICES, INC			
	Firm/ Company			
6741 SW 24 ST #18				
	Address			
MIAMI, FL 33155				
•	City/ State and Zip Code			
MARIA@SUAREZ-BASTER.COM				
E-mail address: (to be used	for future annual report notification)			
	•			
For further information concerning this matter, please c	all:			
AIME PEREZ	at () 510-7683			
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	S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\int \frac{1}{2}\$\$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

(Name	of Corporation as curre	ntly filed with the Florids	Dept. of State)	·	
P15000018897					
	(Document Number	r of Corporation (if known)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit Corporal</i>	tion adopts the follow	ving amendme	:nt(s) to
A. If amending name, enter the new n	ame of the corporation:				
NON APPLICABLE				The new	•
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or	r "Co". A professional ce	corporated" or the orporation name mu	ahhreviation	,
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	N/A	· · · · · · · · · · · · · · · · · · ·	·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>icable:</u> OFFICE BOX)	N/A			
D. If amending the registered agent an new registered agent and/or the ne	id/or registered office ad w registered office addra	ldress in Florjda, enter th	e name of the	SICKELTURY	17 MIG 24
Name of New Registered Agent	AIME PEREZ				⊋ .
	6741 SW 24 ST #18		-		კ. Ļ 8
	(Florida	street address)			81
New Registered Office Address:	MIAMI		. Florida 33155		
		(City)		p Code)	
New Registered Agent's Signature, if c	hanging Registered Age	nt:			
hereby accept the appointment as regist		rwith and accept the obliging the state of t	.·		

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	Y	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DANIEL HERNANDEZ	6741 SW 24 ST #18
Add			MIAMI, FL 33155
X Remove			
2) Change	Р	AIME PEREZ	6741 SW 24 ST #18
X Add			MIAMI, FL 33155
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			• •
O Ch			ųs.
O) Change			
Add	•		
Remove			

 If amending or adding additional Article (Attach additional sheets, if necessary). 	(Be specific)
NON APPLICABLE	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
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. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
00% OF ALL SHARES: AIME PEREZ	

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	AUGUST 21, 2017	·
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
DatedSignature	UST 21, 2017	
Si	By a director, president or other officer - if directors or officers have not be elected, by an incorporator - if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	AIME PEREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	