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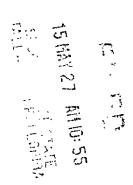
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Great Miami Vacations Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alex Renaldo Name of Contact Person Great Miami Vacations Inc Firm/ Company 500 South Federal Highway Unit 84 Address Hallandale Beach, Fl 33009 City/ State and Zip Code alseranas59@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 775-0163

Area Code & Daytime Telephone Number Alex Renaldo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Great Miami Vacations Inc		<u>्</u> ज्ञास्त्र क
(Name of Corporation	on as currently filed with the Florida Dept. of State)	To of
215000018966		3.*
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(
. If amending name, enter the new name of the co	prporation:	
		The new
	d "corporation," "company," or "incorporated" or "Inc," or "Co". A professional corporation name abbreviation "P.A."	the abbreviation
3. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS</u>)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
		·
 If amending the registered agent and/or register new registered agent and/or the new registered 		
new registered agent and/or the new registered	ornice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the posi	itian
nereo, accept me appointment as registerea agent.	ram jamular with and accept the ootigations of the posi	non.
Signe	ature 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.

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)	Title	Name	Address
1) Change	VP	Dmitry Lysakov	500 South Federal Hwy Ste 84
Add			Hallandale Bch FL 33009
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	_
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
f an amandmant neavides for an arch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt .
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	5/27/15	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Natalya Vinogradova	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	.