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FILEU 1018 SEP 17 PM 2: 15 SECRETARY OF STATE

C GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JOURNEY WOR	LD TRAVEL AGENCY O	CORP
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	VICTOR MANUEL PORTI	LLO	
		Name of Contact Person	n
	JOURNEY WORLD TRAV	EL AGENCY CORP	
		Firm/ Company	
	12905 SW 42TH SUITE 2		
		Address	
	MIAMI, FL 33175		
		City/ State and Zip Cod	e
INFO	@JOURNEYWORLDTRAY	/EL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, please	305	3877281
Name (of Contact Person	at (Area Co) dc & Daytime Telephone Number
	r the following amount made		
■ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle
	• • • • •		assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 17 PM 2: 15

(Name of Corporation	as currently file	ed with the Florida Dep	t. of State)
JOURNEY WORLD TRAVEL AGENCY CORP			SECRETARY OF STATE TALLAHASSEF.FI
(Documen	t Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this <i>Flor</i>	ida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc." or "Co".	A professional corpor	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		n Florida, enter the na	me of the
Name of New Registered Agent			
	(Florida street ac	idress)	
New Registered Office Address:			, Florida
new negative office made as	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at		and accept the obligation	as of the position.
Signatu	re of New Regis	ered 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	<u>Name</u>	<u>Addres</u> s
1) Change	P	CAROLINA STANBURY	16243 SW 102 TERRACE
Add			MIAMI, FL 33196
X Remove			
2) Change	P	VICTOR MANUEL PORTILLO	5955 NW 105TH CT
X Add			DORAL, FL 33178
Remove			
3) Change	D	LUIS FERNANDO GONZALEZ	5955 NW 105TH CT
X Add			DORAL, FL 33178
Remove			
4) Change	s	CAROLINA STANBURY	5955 NW 105TH
X Add			DORAL, FL 33178
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amendin	g or adding additional Ar	ticles, enter change	e(s) here:		
	itional sheets, if necessary)	. (Be specific)			
N/A					
	-				
		<u> </u>			
					
	<u> </u>				
		-			
				···	
F. If an amen	dment provides for an exc	change, reclassifica	tion, or cancellatio	n of issued shares,	
provisions	s for implementing the am	endment if not con	tained in the amen	dment itself:	
	applicable, indicate N/A)				
N/A					
		- .			
-					
			-		
<u> </u>					

	SEPTEMBER 13, 2018	
The date of each amendment(s) a	loption:	, if other than t
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	epted by the board of directors without shareholder action and shareholder	
action was not required.	pted by the incorporators without shareholder action and shareholder	
09/13/201 Dated Signature	Matth.	
	rector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ted fiduciary by that fiduciary)	
	CAROLINA STANBURY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	