P15000084182

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Shoot My Travel Ir	ne	
DOCUMENT NUMB	ER:		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this man	tter to the following:	
,	Valere Lopez		
_		Name of Contact Persor	
:	Shoot My Travel Inc		
-		Firm/ Company	
	81 SE 6 Street, #605	, .	
-		Address	
1	Miami, Fl 33131		
-		City/ State and Zip Code	:
volorio	@shootmytravel.com		
Vaicine		sed for future annual report	notitication)
	15-mail address, (to be a.	sea for ratare annual report	,
For further information	concerning this matter, pleas	se call:	
Valerie Lopez		at (494-2570 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, 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

Shoot My Travel Inc	
(Name of Corporation as currently	iled with the Florida Dept. of State)
P15000084182	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this FE its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DEC THE
D. If amending the registered agent and/or registered office address:	1 2:
Name of New Registered Agent	9
(Florida siree	tabless)
New Registered Office Address:	, Florida Ziv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar we	th and accept the obligations of the position.
Signature of New Re	gistered 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.

X Change	<u>PT</u> <u>Jol</u>	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Valerie Lopez	31 sc 6 street. Apt #605
X Add			Mianti, FL 33131
Remove			
2) Change	CDO	Juan Camilo Rojas	31 se 6 street. Apt #605
XAdd			Miami, FL 33131
Remove	COO	Andres Echeverry	601 NE 27th Ave. Apt #1607
3) Change		Andres Teneverry	Miami, FL 33131
Add Remove			
4) Change	CTO	Carlos Ovalles	15856 SW 12st
X Add		- -	Pembroke Pines F1, 33027
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
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		···			
an amendment provides for an excl provisions for implementing the ame	hange, reclassificatendment if not cont	ion, or cancellat tained in the am	ion of issued sh endment itself:	iares.	
(if not applicable, indicate N/A)					
			· - · ·		
			1=		

12/18/2017	
The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	1(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	n purt
Valerie Lopez	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	<u>-</u>