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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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C. GOLDEN

APR - 9 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

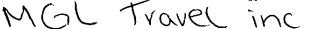
| NAME OF CORPORATION: MGL Travel inc. |
|--|
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Marta Lopez Name of Contact Person |
| Name of Contact Person |
| MGL Travel inc. |
| Firm/ Company |
| 175 Fontainebleau Blv. Sufte 1-G |
| Man, FL 33172 City/State and Zin Code |
| City/ State and Zip Code City/ State and Zip Code City/ State and Zip Code Compared to the Compared |
| For further information concerning this matter, please call: |
| Marta Lopez at (305), 300 7445. Name of Contact Person Area Code & Daytime Telephone Number |
| 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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301 |

Articles of Amendment

to:

Articles of Incorporation

of



| MIGC HOVEL | inc. | , (; | 11 (A.) |
|--|--------------------------------------|---|-------------------------|
| (Name of Corporation as current | ly filed with the Flori | da Dept. of State) | <u>ر</u> |
| | , | | • , |
| (Document Number of | of Corporation (if know | n) | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corpoi | ration adopts the following amo | indment(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| | | | new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation | "Co". A professional | incorporated or the abbrev corporation name must conta | iation in the |
| B. Enter new principal office address, if applicable: | 175 FO | ntainebea | <u>ن</u> (۱۵۷۷ <u>ن</u> |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | SIPLE | 1-6 | |
| | Miomi | FL,3317 | 2 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 175 F | Ontainebleo | U BIV |
| | <u>sone</u> | 1-G | |
| | Miami | , FL 33177 | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres | | the name of the | |
| Name of New Registered Agent MOVAC | ~ Lope | Z | |
| 9410 S | w za | terr | |
| (Florida st New Registered Office Address: Wawi | reet address) | . Florida <u>33</u> \ (4 | <u>.</u> S |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | t <u>:</u> with and accept the ob | ligations of the position. | |
| | | | |

Signature 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 De | <u>oe</u> | |
|-------------------------------|--------------|--------------|-------------|---------------------|
| X Remove | <u>V</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | or great and a line |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| | | | | |
| Remove | | | | |
| 5) Change | | _ | | **** |
| Add | | | | |
| Remove | | | | |
| 6)Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| - NCHOYE | | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| f an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | · |
| (if not applicable, indicate N/A) | |
| (if not applicable, indicate N/A) | |

| date this document was signed. | eption:, if other than the |
|---|---|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval. |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s). |
| "The number of votes east | for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated | 1-04-18 |
| Signature | Loha |
| (By a di selected | rector, president or other office – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | Morta Copet |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |