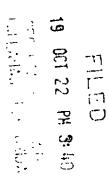
P1600000 3631

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NOV 1 5 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:) LAKES TR.	AVEL CORP.	_	
DOCUMENT NUMBER:)3631	<u>,</u> ,		
The enclosed Articles of Amendment	and fee are st	ibmitted for filin	g.	
Please return all correspondence conc	erning this ma	tter to the follow	ing:	
DAVILSON R	ODRIGUES			
ADR ACCOU	NTING SERV	Name of Cor ICES CORP	nact Person	1
4699 N FEDER	RALHWY SU	Firm/ Co ITTE 109E	ompany	
POMPANO BI	EACH, FL 330	∆ddi K⊱4	russ	
-		City/ State ar	ıd Zip Code	e
ACCOUNTINGSER	VICES@ DAV	ILSON.COM		
E-mail add	dress: (to be u	sed for future and	nual report	notification)
For further information concerning th	s matter, plea	se call:		
DAVILSON RODRIGUES		at (954	338-4000)
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	amount made	payable to the Fl	orida Depa	irtment of State:
	Filing Fee & ate of Status	□\$43.75 Filis Certified Co (Additional enclosed)	эру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	itions		Amend Divisio Clifton	Address Iment Section on of Corporations Building Accutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

TWO LAKES TRAVEL CORP.		
(Name of Corpora	tion as currently filed with the Florida Dept. o	f State)
P16000003631		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> adop	ots 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 we "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	p," "Inc," or "Co". A professional corporation	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AL</u>	ODRESS)	્રીલ હ
		
C. Enter new mailing address, if applicable:		22
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
		<u> </u>
		5 <u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Florida, enter the name d office address:	of the
Name of New Registered Agent		
-		
	(Florida street address)	
New Registered Office Address:	, ;	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	. I am familiar with and accept the obligations o	of the position.
Si	gnature of New Registered Agent, if changing	<u></u>

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	SIMONE V RODRIGUEZ	4699N FEDERAL HWY
Add			SUITE 109E
X Remove			POMPANOBEACH, FL 33064
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Clumge			
Add			
Remove			
5) Change			
Add			
Remove			
() Character			
6) Change			
Add			
Remove			

				
<u> </u>				
-				
		·		
		<u> </u>	-	
		•——		
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassifica endment if not con	tion, or cancellation tained in the ame	on of issued shares, adment itself:	,

The date of each amendment(s) add	option:	if other than the
ate this document was signed.		
Iffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	11(5)
☐ The amendment(s) was/were appropriately provided for a	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast f	or 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 shareho	lder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
_ :	ER 01, 2019.	
Dated		
Signature	Tand the Kodeiguez	
(By A-di	rector, president or other officer - if directors of officers have not be	
	t, by an incorporator – if in the hands of a receiver, trustee, or other c	ourt
appoint	ed fiduciary by that fiduciary)	
	CAROLINE V RODRIGUEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	