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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: PERUVIAN TRAI	NS CORPORATION	
DOCUMENT NUMBE	R: P16000026695	. ,	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this man	tter to the following:	
G	LADYS LAVINA-ORTEG	Α	
		Name of Contact Persor	1
A	CCOUNTING & TAX SER	RVICES OF SOUTH FL CO	ORP
_		Firm/ Company	<del> </del>
60	80 BIRD RD, STE 10		
_		Address	
М	IAMI, FL 33155		
		City/ State and Zip Code	2
gladysło	@accountingtaxfl.com		
<u> </u>		sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
GLADYS LAVINA-ORTEGA		at (	669-5115
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	artment of State:
S35 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)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

PERU HOTEL Y SERVICIOS-PANAM	A-SA CORP.			
( <u>Name</u> e	of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000026695				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amer	idment(s)	
A. If amending name, enter the new na PERUVIAN TRAINS CORPORATION	ame of the corporation:			
	ation "Corp," "Inc," or	The on," "company," or "incorporated" or the abbrevion "Co". A professional corporation name must contain "P.A."	ation	
R Enter new principal office address	if annlicable:	251 CRANDON BLVD		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		APT 209		
		KEY BISCAYNE, FL 33149		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		251 CRANDON BLVD		
		APT 209		
		KEY BISCAYNE, FL 33149		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			_	
	•	treet address)		
New Registered Office Address:	251 CRANDON BLVD, APT 209, KEY BISCAYNE , Florida 33149		_	
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiai	with and accept the obligations of the position.	77	
	Signature of New	Registered Agent, if changing ついまします。	77	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	LORENZO SOUSA	251 CRANDON BLVD
Add			APT 209
Remove			KEY BISCAYNE, FL 33149
2) Change	VP	RENZO SOUSA	251 CRANDON BLVD
X Add			APT 209
Remove			KEY BISCAYNE, FL 33149
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)	
<del></del>		
· · · · · · · · · · · · · · · · · · ·		_
=		
f an amendment provides for an ex	exchange, rectassification, or cancellation of issued shares,	
provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(),	,	

The date of each amendment(s) adoption:	n the
Effective date if applicable:  (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 date will not be listed a document's effective date on the Department of State's records.	s the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the sharcholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $X$ OCT 18 $ZO18$ Signature $X$	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LORENZO SOUSA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	