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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: LONDONSKAYA	TRAVEL AGENCY COI	RP
DOCUMENT NUMBER	P16000028433		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
PA	TLAZHAN OLEXANDR	A	
		Name of Contact Perso	n
LO	NDONSKAYA TRAVEL	AGENCY CORP	
		Firm/ Company	
213	82 MARINA COVE CR	17D	
		Address	· · · · · · ·
AV	ENTURA, FL 33180		
		City/ State and Zip Cod	e
INEC @ A	GSTAX.COM		
		sed for future annual report	notification)
	E-man address. (to be de	sed for future annual report	nouricanon)
For further information con	ncerning this matter, pleas	se call:	
PATLAZHAN OLEXANI	ORA	at (977-3010
Name of Co	ontact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	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)
Amendm Division P.O. Box	Address nent Section of Corporations a 6327 see, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATION

LONDONSKAYA TRAVEL AGENCY CORP 2016 JUL -5 AM II: 19

P16000028433			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
3. Enter new principal office address, if applicable:	16500 COLLINS AVE, APT 1752		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUNNY ISLES BEACH, FL 33160		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16500 COLLINS AVE, APT 1752		
	SUNNY ISLES BEACH, FL 33160		
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 			
Name of New Registered Agent			
(Florida i	treet address)		
·			
New Registered Office Address:	, Florida (City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen	» † •		
hereby accept the appointment as registered agent. I am familiar			
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 <math>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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>sith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		**************************************
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

(Attach add	ing or adding additional Articles, if necessary). (Bo	e specific)	_		
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	nr and 1400 (72.40 E)				
. If an amei	ndment provides for an exchange	e, reclassification, or	cancellation of issued	shares.	
provision	ns for implementing the amendment of applicable, indicate N/A)	ent if not contained i	n the amendment itsel	<u>f:</u>	
(IJ NO	л аррисаоле, таксале 14/А)				
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The date of each amendment(s) adolate this document was signed.	SEIDRETARY OF STALL
Effective data if applicables	JIVÎSÎÔN DE CORPORATICA
Effective date if applicable:	(no more than 90 days after amendment file 2015 JUL - 5 AM 11: 19
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement such 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	(voting group)
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	_//
Sierra W	
selected 1	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
PA	ATLAZHAN OLEXANDRA
	(Typed or printed name of person signing)
	orcsident
	(Title of person signing)