## P160000 29043

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: JEMA TRAVEL	L AGENCY INC					
DOCUMENT NUMBER: P16000029043						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this	matter to the following:					
JESSENIA REYES						
	Name of Contact Person					
JEMA TRAVEL AGENC	JEMA TRAVEL AGENCY INC					
<del></del>	Firm/ Company					
4503 LEE BLVD						
<del></del>	Address					
LEHIGH ACRES FL 33971						
	City/ State and Zip Code					
JESSE@JEMATRAVEL.COM						
<del>-</del>	used for future annual report notification)					
For further information concerning this matter, pl	lease call:					
JESSENIA REYES	239 <u>244-9450</u> at ()					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount man	de payable to the Florida Department of State:					
■ \$35 Filing Fee Securificate of Status	<del>-</del>					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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



JEMA TRAVEL AGENCY INC (Name of Corporation as currently filed with the Florida Pept of St D : 21 P16000029043 (Document Number of Corporation (if known)ALLAHASSEC. + LURIUA Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 4503 LEE BLVD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LEHIGH ACRES FL 33971 E er new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: JESSENIA REYES Name of New Registered Agent 4503 LEE BLVD (Florida street address) LEHIGH ACRES New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. egistered 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>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>nnes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
Change				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of soul amondment(s)	July 01, 2017	if other than th
date this document was signed.	doption:	, it other man ir
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment( ifficient for approval.	s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
08/03/201 Dated Signature		
(By a c	lirector, precident or other officer – if directors or officers have not been ind, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	JESSENIA REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	