(Requestor's Name) (Address) (Address)	6002906	616726
(City/State/Zip/Phone #)	09/27/16-	-01027016 **35.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	S. TALLENT OCT 0 4 2016	FILED 16 SEP 27 M 9:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELIA ZUBELDIA

Name of Contact Person

Firm/ Company

1833 NW 35 ST # 1

Address

MIAMI,FL 33142

City/ State and Zip Code

CELIA.212@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIA ZUBELDIA		305	537-8482	· .
Name of Contact Person		Area Co	de & Daytime To	elephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

State of the set of th

□\$52.50 Filing Fee Certificate of Status Certified Copy' (Additional Copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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START TUR DESTINATION INC

	Name of Corporation as curre	ntiv med with the Fio	rida Dept. of State)	
P16000068179	•	•	*	•
	(Document Numbe	r of Corporation (if kno	wn)	
Pursuant to the provisions of sections of sections and the section of the section	ion 607.1006, Florida Statutes, th	nis <i>Florida Profit Corp</i>	oration adopts the foll	owing amendment(s) to
A. If amending name, enter the	new name of the corporation:			
IMMIGRATION SERVICES OF	FLORIDA, INC.	•		The new
name must be distinguishable a "Corp.," "Inc.," or Co.," or the				

word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

1833 NW 35 ST STE 1	
MIAMI,FL 33142	ASS
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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:

	Name of New Registered Agent	CELIA M ZUBELD	IA		·
	· · ·	1833 NW 35 ST STE 1			
	· · · ·	· (Flor	ida street address)	· · · ·	······································
	New Registered Office Address:	MIAMI	•	, Florida	33142
•			(City)		(Zip Code)

New Registered Agent's Signature, if changing Begistered Agent:
I hereby accept the appointment as registered agent. If an familiar with and accept the obligations of the position.
The life of the second s
A
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>	<u>John D</u>	<u>oe</u> .		· · ·	
X Remove	<u>v</u>	<u>Mike J</u>	ones		· .	*
_X Add	<u>sv</u>	<u>Sally S</u>	mith	• •		•
<u>Type of Action</u> (Check One)	<u>Title</u>		Name		Address	
1) Change			N/A			-
Add					·····	-
Remove						
2) Change						
Add						
Remove					· ·	<u> </u>
3) Change		•	-			_
Add						
Remove			· · · · ·			-
4) Change			•	• • •		
4) Change			· · · · · ·	. <u>.</u>		• · · ·
Remove			•		·····	- • [·]
Remove					· · · · · · · · · · · · · · · · · · ·	-
5) Change					· · · · · · · · · · · · · · · · · · ·	-
Add					·	-
Remove						
6) Change			·		· .	-
Add						-
Remove					•	_ ·
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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:

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(if not applicable, indicate N/A)

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary) (Be specific)

N/A

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N/Å ۰.

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	0/01/0012		<u> </u>	· • • • • • • • • • • • • • • • • • • •	
The date of each amendment(s) date this document was signed.	09/21/2016 adoption:		, if oth	er than the	
	9/21/2016		· · · · ·	••• ••• ••• ••• ••••	••••
		rs after amendment file date)			
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable Department of State's records.	statutory filing requirements, th	is date will not be li	sted as the	•
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	· · ·	· ·		
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The num sufficient for approval.	ber of votes cast for the amendn	nent(s)	•	• • •
	approved by the shareholders through for each voting group entitled to vote.				
"The number of votes c	ast for the amendment(s) was/were suf	ficient for approval			
by					
	(voting group)	· · · ·	• •		
action was not required.	adopted by the board of directors with adopted by the incorporators without s	<i>.</i>		•	
action was not required.					
Dated	PI WAL-		• • •	•	
Signature(By	a director, president or other officer -	if directors or officers have not h	been .		
sele	cted, by an incorporator – if in the han binted fiduciary by that fiduciary)				
	CELIA M ZUBELDIA				
	. (Typed or printed name	of person signing)	<i></i>		
	PRESIDENT		· · ·	_	
	(Title of pe	rson signing)			
. *		1			
· <i>·</i> .					

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