P170003433

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OCT 04 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SUNNY ISLES BE	ACH VACATIONS INC			
DOCUMENT NUMBE	P17000003423				
	"Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
К	ARINA L BRAVO				
		Name of Contact Person			
S	SUNNY ISLES BEACH VACATIONS INC				
_		Firm/ Company			
I	7000 N BAY ROAD - APT	1014			
_		Address	······		
S	UNNY ISLES BEACH, FL	33160			
		City/ State and Zip Code	<u> </u>		
SUNN"	Y@ISLESVACATION.COM	M			
		sed for future annual report	notification)		
	i di avada	11.			
For further information	concerning this matter, pleas	se can:			
KARINA L BRAVO		305			
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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)		
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

CHIVAVALCI	-1.5 RUA	THVAC	STIONS INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17600003423	
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	t "corporation," "company," or "incorporated" or the abbreviation ""bu," or "Co". A professional corporation name must contain the abbreviation "P.4"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)
	7 CO
C. Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the poffice address:
Name of New Registered Agant	
	(Florida street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Regi	istered <u>Agent:</u>
Thereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Simo	anne of New Registered Avent of 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:

(Anach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; V = 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: <u>X</u> Change	<u>PT</u> ,	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>	<u>Name</u>	<u>Address</u>
1) Change	ת,יו	GERARDO A GARCIA	17000 N BAY ROAD - 1014
			SUNNY ISLES BEACH, FL 33160
Add X Remove			
2) X Change	P.D	KARINA L BRAVO	17000 N BAY ROAD 1014
Add			SUNNY ISLES BEACH, FL 33460
Remove			
3 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u></u>	_	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
			<u> </u>	
				_
· · · · · · · · · · · · · · · · · · ·		·		
f an amendment provides for an exc	hange, reclassificatio	on, or cancellation	of issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not conta	ined in the amendi	ment itself:	
		_		
······				

	09/27/2018	, if other than the
The date of each amendment(s	adoption:	, If other than the
date this document was signed.	0/05/2018	
Effective date if applicable:		
	tno more than 90 days after amendment tile date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed 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 number of votes east for the amendment(s) a sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	rt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholds:	
The amendment(s) was were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/27/2	018	
Dated		
	1 Kusti	
Signature	// Cole have not been	
(By	a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cond	
500 t (QB	pointed fiduciary by that fiduciary)	
	KARINA L BRAVO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	