P1700006823

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T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: AVYTRAVEL CO	ORP	
	BER: P17000006893		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	TAMARA RAMOS		
		Name of Contact Perso	n
	AVYTRAVEL CORP		
		Firm/ Company	
	901 CHARO PKWY		
		Address	
	DAVENPORT, FL 33897		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
		·	
For further informatic	on concerning this matter, pleas	se call:	
TAMARA RAMOS		at (<u>863</u>	450-5988
Name	of Contact Person	at (863) 450-5988 Area Code & Daytime Telephone Nu	
Enclosed is a check fo	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AVYTRAVEL CORP				
(<u>Name</u>	of Corporation as currentl	v filed with the Florida Der	pt. of State)	
P17000006893				
	(Document Number of	f Corporation (if known)		·
Pursuant to the provisions of section 607 its Articles of Incorporation:	1,1006, Florida Statutes, this	Florida Profit Corporation :	adopts the follo	wing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corpor		
B. Enter new principal office address, if applicable:		901 CHARO PKWY		
(Principal office address MUST BE A S		DAVENPORT, FL 33897	7	
				
C. Enter new mailing address, if appl				
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			
		-	<u> </u>	
			<u> </u>	
D. If amending the registered agent ar	nd/or registered affice addr	ess in Florida, enter the na	ma of the	
new registered agent and/or the ne			m <u>e or the</u>	
Name of New Registered Agent	ALEXANDER VAZQUEZ	<i>'</i> .		
				
	(Florida stre	eet address)		
N. B. 1000 111	444 OBO DRIVE, DAVEN		3389	6
New Registered Office Address:	(City)		, Florida(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	lered agent, - Lam familiar w	with and accept the obligation	ns of the positio	n.
			<u> </u>	23
<u>`</u> ×	At.			
	Signature of New Re	egistered Agent, if changing	35.50 - 2 35.50 - 2	2 - 1 (
			- 4 - 11 -	ENG

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 = Trustec; 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.

X Change	PT Jol	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ALEXANDER VAZQUEZ	444 OBO DRIVE
XAdd			DAVENPORT, FL 33896
Remove			
2) Change	VP	MERCEDES MOLINA	6216 SW 14 ST
Add			MIAMI, FL 33144
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cessary). (Be sp	ter change(s) here: pecific)			
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			···		
an amendment provides for	<u>r an exchange, re</u>	<u>classification, or c</u>	ancellation of issue	d shares,	
provisions for implementing (if not applicable, indicate	the amendment	<u>if not contained in</u>	the amendment its	<u>elf:</u>	
(ij noi applicable, inalcal	e ma)				
				<u> </u>	

•	06/14/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
C	/14/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
06/14/20 Dated	17	
	Donley-	
Signature (Pup	director, president or other officer – if directors or officers have not been	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	• Tamara Ramos (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	