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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: US BUS & TRAV	EL INC			
DOCUMENT NUME	P17000018550				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	CLAUDIA L SAAVEDRA V	√ARGAS			
		Name of Contact Person			
	US BUS & TRAVEL INC				
		Firm/ Company			
	13528 EYAS ROAD				
	Address				
	ORLANDO, FL 32837				
		City/ State and Zip Code	<u> </u>		
	sales@usbusandtravel.com				
	•	sed for future annual report	notification)		
For further information	n concerning this matter, pleas		91.1.7736		
		at (914-7736		
Name of Contact Person Area Code & Daytime Telephone 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

US BUS & TRAVEL INC

		 		
(Name)	of Corporation as curre	ntly filed with the Florida Dep	ot. of State)	
P17000018559				
	(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation :	adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co".	A professional corporation	" or the abbreviation name must contain	"Corp.," the word
B. Enter new principal office address, (Principal office address MUST BE A S				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				1,
	······································	*		
				
B 15				
D. If amending the registered agent ar new registered agent and/or the new			ime of the	
	CLAHDIA L SAAVEDRA VARGAS			
Name of New Registered Agent	13528 EYAS ROAD			
		street address)		
	ORLANDO	MITER (IGAITESS)	32837	
New Registered Office Address:	OKLANDO		, Florida	
		(City)	(Zip Cod	de)
N B to to the state of				
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age vered agent. I am familia	nt: r with and accept the obligatio	ns of the position.	
Jac	da Jan	acle P		
	Signature of New	Registered Agent, if changing		
Check if applicable	/			
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (1	1) (e), F.S.		

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

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	OSCAR A DUARTE RUEDA	13528 EYAS ROAD
Add			ORLANDO, FL 32837
X Remove			
2) X Change	P	CLAUDIA SAAVEDRA VARGAS	13528 EYAS ROAD
Add			ORLANDO, FL 32837
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	
f an amendr	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	r implementing the amendment if not contained in the amendment itself:
(if not ap	plicable, indicate N/A)
, ,	

•

	07/30/2020	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	e)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requiremed Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>"</u>	
	(voting group)	
07/30/20 Dated	autia Barale D	
şé tec	director, president or other officer – if directors or officers hav ted, by an incorporator – if in the hands of a receiver, trustee, of inted fiduciary by that fiduciary)	e not been : other court
	CLAUDIA L SAAVEDRA VARGAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	