

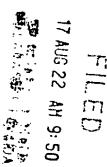
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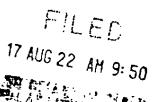
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BLUE	TRAUEL A	ASSIST INC.
DOCUMENT NUMBER:	P17000	050909	
The enclosed Articles of Amendm	eent and fee are su	bmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following	g:
			<i>5</i>
	SIMON	∠ H O ← F Name of Contact	207
		Name of Contac	et Person
	BLUE -	TRAVEL	ASSIST, INC
	-	Firm/ Comp	pany
	20900 N	1E 30+h.	AUE SUITE 200
		Address	5
_ <u>-</u>	AVEN	TURA, FLO	PRIDA 33180
	_	City/ State and Z	Zip Code
<	CHACRAN	@ GCOBADII	
E-mail	address: (to be use	ed for future annual	report notification)
			<i>(</i>
For further information concerning	this matter, please	call:	
SIMON CHOC	RON_	at(=	rea Code & Daytime Telephone Number
Name of Contact Pe	rson	A	rea Code & Daytime Telephone Number
Enclosed is a check for the following			
_		,	Dipartition of State.
□ \$35 Filing Fee ■\$43.75 Certifi	5 Filing Fee & cate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address			Street Address
Amendment Section of Corpo			Amendment Section Division of Corporations
P.O. Box 6327		(Clifton Building
Tallahassee, FL 32	2314	2	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



_	of			A STATE OF THE STA
	TRAVEL AS			1 MARIA
(<u>Name o</u>	f Corporation as current		ida Dept. of State	e)
		0050909		_
	(Document Number o	f Corporation (if know	vn)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corpo	ration adopts the	following amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
AT	RIO TRAVEL	ASSIST	106	TL.
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	un the word "corporation tion "Corp." "Inc " or "	n," "company," or "Co" A professional	"incorporated" a	r tha abbumines
3. Enter new principal office address, it	applicable:	20900	NE 30	TH. AUE. SUITE 2
Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	-		:DA 33180
			<u> </u>	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	able <u>:</u> FFICE BOX)	20900	N∈ 30∏	4. AUE.
		SUITE	2లం	
		AUTNOR	A, FL 331	80
). If amending the registered agent and new registered agent and/or the new	or registered office addr	ess in Florida, enter	the name of the	
Name of New Registered Agent				
_	20900 NE	SUTH, AUE.	SUITE ZO	, e
	(Florida stre	et address)		
New Registered Office Address:	AUENTURA		, Florida	33180
	((City)		(Zip Code)
ew Registered Agent's Signature, if cha hereby accept the appointment as register	nging Registered Agent: ed agent. I am familiar w	ith and accept the obl	igations of the pos	ition.
	Signature of New Re	gistered Agent, if chai	nging	

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	PT John Doc	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) X Change	V SIMON CHOCKON	20900 NE 30TH. WE
Add		SUITE ZOO
Remove		AUENTURA, FL 33180
2) Change	P RAFAEL CEDENO	2137 NM SUD AVE
X Add		MIAMI, FL 33127
Remove		
3) 🔀 Change	CFO RAUL VILCHEZ	20900 NE 30TH. NE
Add		SUITE 200
Remove		AVENTURA, IL 33180
4) Change	CEO CARLOS RICCI	20900 NE 30TH. AVE
Add		SUITE 200
Remove		AVENTURA, FZ 33180
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	dditional sheets,	g necessary).	. (пе зресц	<i>ic)</i>				
	N/A							
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		· -						
n ame	ndment provid	es for an exc	hange, reclas	sification, or	cancellation of	of issued share	es,	
<u>ovisio</u>	ns for implemen	nting the am	endment if no	<u>it contained i</u>	n the amenda	nent itself:		
(if no	ot applicable, in	dicate N/A)						
	N/A							
 ,					-			
·								
	 -							
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			. <u>.</u> .					
								

The date of each amendment(s) adoption:	, if other than the
•	
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated August 16, 2017 Signature (Imak)	
Signature (min)	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	rt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<i>V</i>	
(Title of person signing)	