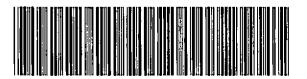
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	TION: ATRIO	TRAVEL AS.	SIST, INC
DOCUMENT NUMBER	:P1700	TRAVEL AS.	
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspon	idence concerning this ma	tter to the following:	
	SIHON	CHOCRON Name of Contact Person	ა
_		Firm/ Company	
			JE, SUITE 900
		Address	
	MIAHI	City/ State and Zip Code	131
	·	City/ State and Zip Code	e
	Schocan	na alabadi	C. Can
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
SIMON	CHOCRON	at (786	, 554 99 77
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	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)
Amendr	Address nent Section of Corporations x 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ATRIO TRAVEL ASSIST, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P170000050909

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

its Articles of Incorporation:			
A. If amending name, enter the new name of the	the corporation:		
	Corp, ""Inc," or "Co".	The new "company," or "incorporated" or the abbreviation A professional corporation name must contain the "	
B. Enter new principal office address, if appli		999 BRICKELL AVENUE	
(Principal office address <u>MUST BE A STREET</u>		SUITE 900, MIAMI	
	_	FLORDA 33131	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	999 BRICKELL AVENUE	
		SUITE 900, HIAMI	
	_	FORDA 33131	
D. If amending the registered agent and/or renew registered agent and/or the new regist		in Florida, enter the name of the	
	9970:04	L ANCHUE SUITE 900	
	(Florida street ac		
New Registered Office Address:	MIAMI	Florida 33131	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with a	and accept the obligations of the position.	
	Signature of New Regist	tered 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	RAFAEL CEDENO	999 BeiCKELL ANTHUE
Add			SUITE 900, HIAMI
Remove			FLORIDA 33131
2) X Change	7	SIHON CHOCRON	999 BLICKELL AVENUE
Add			SUITE 900, HIAHI
Remove			FWEIDA 33131
3) <u>⊁</u> Change	CFO	RAUL VILCHEZ	999 BECKELL AVENUE
Add			SUITE 900 HIAMI
Remove			FLORIDA 33131
4) Change	CEO	(ARWS Ricci	
Add			
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ing or adding additi</mark> lditional sheets, if neo	cessary), (Be spec	cific)			
			- · · · · · · · · · · · · · · · · · · ·			
					 	
		P#				•
						•
						
					· · · · · · · · · · · · · · · · · · ·	
						
						<u> </u>
<u>f an ame</u>	endment provides fo	<u>r an exchange, rec</u>	lassification, or c	ancellation of issue	d shares,	
provisio:	ns for implementing of applicable, indicat	the amendment if	not contained in	the amendment its	<u>elf:</u>	
(i) 10	эл аррисаече, такаг	e MA)				
<u> </u>						
						
· · · · · · · · · · · · · · · · · · ·						
						_

ate this document was signed.	doption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be ocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.
The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_DEC	17, 2017
Signature	Om his
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	SIMON CHOCKON
	(Typed or printed name of person signing)

. . . .