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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellie Thompson

Name of Contact Person

Firm/ Company

Address

947 Glencoe Ct

City/ State and Zip Code

The Villages, FI 32162

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Ellie Thompson
 at (352)
 751-2612

 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
 \$43.75 Filing Fee & Certified Copy
 \$52.50 Filing Fee & Certificate of Status

 (Additional copy is enclosed)
 Certified Copy
 Certified Copy

 (Additional copy is enclosed)
 (Additional Copy is enclosed)
 Certified Copy

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1-4-14

TRAVEL By Eilie, Drc 947 Glencoe et The Villages, 21. 33162 357-757-2612 thipitup 12 @ gmail.com

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DOC # 14 0000 31899 I have no intervision to redpen hould by Echie, Inc. #PI466631899

Celle Thompson

Articles of Amendment to Articles of Incorporation of

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

Travel by Ellie, International

(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:

A. If amending name, enter the new name of the corporation:

Travel by Ellie, Inc.

_The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in Florida, enter the w registered office address:	e name of the
Name of New Registered Agent	Ellie Thompson	
	(Florida street address)	
<u>New Registered Office Address:</u>	(City)	, Florida (Zip Code)
		.29 6000,

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Ellie Thompson Signature of New Registered 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 PT John Doe X Remove Ň Mike Jones <u>X</u> Add SV Sally Smith Type of Action <u>Title</u> Name Address (Check One) Р Ellie Thompson 947 Glencoe Ct 1) ____ Change x The Villages, Fl. 32162 ^___ Add Remove 2) ____ Change ____ Add Remove 3) ___ Change ____ Add ___ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change ____ Add Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares. provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) ac	1/4/2018 loption:	if other than th
date this document was signed.		_
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as tl
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
1/4/2018 Dated		
	this shownon	
	rector, 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 ed fiduciary by that fiduciary)	
	Ellie Thompson	
	(Typed or printed name of person signing)	
	Fresident	
	(Title of person signing)	

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