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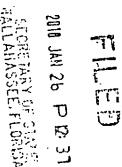
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JAN 2 9 2018 T. LEASIEUX



COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Cuba Y Mas Trau	el & Immigration Services, Inc
DOCUMENT NUMBER:	-
The enclosed Articles of Amendment and fee are submitted for filing.	1
Please return all correspondence concerning this matter to the following:	
Liliana A. Lajare Name of Contact Pers	Emmigration Services, Inc.
Cuba y Mas Travel & .	Emmigration Services, Inc.
11500 Sw 185 ter	
Miami FL 3315 City/ State and Zip Co	de ·
Cubaymastravel a yaha E-mail address: (to be used for future andual repo	O. COM t notification)
For further information concerning this matter, please call:	
hiliana A. Lajares. at (305) Name of Contact Person Area	ode & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida De	partment of State:
\$35 Filing Fee \$\bigcup \bigcup \bigcu	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section Ame Division of Corporations Divis P.O. Box 6327 Cliffe Tallahassee, FL 32314 2661	at Address Indiment Section It ion of Corporations In Building Executive Center Circle It hassee, FL 32301

Articles of Amendment to

Articles of Incorporation

to

0 · 10 - of	
Cuba Y Mas Travel & Immigr	ation Services, Inc.
F. The second se	with the Florida Dept. of State)
P18000000034	
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida its Articles of Incorporation:	Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address in I	lorida, enter the name of the
Name of New Registered Agent	N/A
(Florida street addr	551
New Registered Office Address: (City)	. Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and Signature of New Register	JAN 26 I

address of each Officer: Attach additional sheets. Please note the officer/dip P = President; V= Vice Executive Officer; CFO : held. President, Treasure Changes should be noted	and/or D if necess rector titl President = Chief I r, Directo in the fo eves the c	Pirector be sary) le by the fi t; T= Trea Financial for would t Ilowing m orporation	eing added: rst letter of the office titl asurer: S= Secretary: D Officer. If an officer/di ne PTD. anner. Currently John I n, Sally Smith is named:	e: = Director; rector hold: Doe is listed	: TR≃ Tru s more th: Las the PS	stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
X Change	PT	PT John Doe				
X Remove	V <u>Mike Jones</u>					
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action Check One)	<u>Title</u>		Name			<u>Addres</u> s
) K Change	99	<u>/</u> / ₀	Liliana A	· Lajo		11500 SW 185 ter Miami, FL, 33157.
Add						17/101/11/12/ 2010/·
Remove Change Add	1%		Jous Galde			115005W 185 ter Miami, FL, 33157.
Remove 3) Change Add		_				
Remove						
(1) Change Add					_	
Remove Change						
Add						
o) Change Add		_			_	
Add Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
As a mistable out the begin	ring I explain
Liliana A. Lajares (President	With out a
Dorsentage and Lesis Hald	o (Vice President
Person Commission of the Person of the Perso	well. We need
without percentage as	0 = ()
to lepter in our company	and for
junce propose each pe	rcentage for
<u>each</u> owner of the con	mpany. In this
Puse instead of Presider	H) as Liliana A
Lajares should be 991.	of ownership of
the company and instead	of (lice-President
For Sesus Addo should s	phow 11, of
punership of the conterati	on.
- COLING 11 00 4. COLING 11 11 11 11 11 11 11 11 11 11 11 11 11	
F. If an amendment provides for an exchange, reclassification, or cancella provisions for implementing the amendment if not contained in the amendment if not contained in the amendment.	
(if not applicable, indicate N/A)	

•		1	1 .		
The date of each amendment(s) adoption:	1	177	118		, if other than the
date this document was signed.		اما	امدا		
Effective date <u>if applicable</u> :	_11	7+	110		
	(no n	nore th	an 90 d	ys after amendment file date)	
Note: If the date inserted in this block does in document's effective date on the Department of				e statutory filing requirements, this o	date will not be listed as the
Adoption of Amendment(s) (CF	IECK (<u>ONE</u>)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareh approva	olders. al.	The nu	mber of votes cast for the amendmen	t(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting					nent
"The number of votes cast for the ame	ndment	(s) was	s/were si	ifficient for approval	
by <u>Liliana A. Lajares</u>	ting gro	ο α	<u>Se</u>	sus faldo.	
☐ The amendment(s) was/were adopted by the action was not required.	board o	of direc	ctors wit	hout shardholder action and sharehol	der
☐ The amendment(s) was/were adopted by the action was not required.	incorpo	orators	withou	shareholder action and shareholder	
Dated	190)	\mathcal{A}		
Signature(By a director, pres	sident o	rother	official	A Greetors or officers have not bee	
	orporat	or – if	in the h	nds of a receiver, trustee, or other co	
_Lil	iar	7a	A.	Lajares.	
	(Typed	or prii	ited man	e of person signing)	
			Yre	sident.	
		ťΊ	atte of p	erson signing)	