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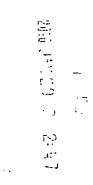
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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C. GOLDEN

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIAMI EPI	C TOURS, INC
DOCUMENT NUMBER: P18000000071	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
HYAN CONTRERAS	
	Name of Contact Person
MIAMI EPIC TOURS	, INC
	Firm/ Company
10250 NW 80TH CT 8	SUITE 501
	Address
MIAMI LAKES, FL, 1	3016
	City/ State and Zip Code
MIAMIEPICTOURS@GMA	AL. COM
	be used for future annual report notification)
is man abdress: (i	o de desta les relative desta de la competition,
For further information concerning this matter	r, please call:
HYAN CONTRERAS	at (305 776-8793
Name of Contact Person	at () 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 Fe Certificate of St	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

orporation = - - - -

MIAMI EPIC TOURS, INC

2813 171129 FM 2:47

(Name of Corporation as current	lly filed with the Florida Dept. of State)
P180000000671	• 6
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VD	CAROLINA E ASALDE	10250 NW 80TH CT SUITE 501
XAdd			MIAMI LAKES, FL, 33016
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-	_	
Add			
Remove			

(Attach additional sheets, if necessary	(A. (Ra enacifie)
	7. (ne specijic)
If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	change, reclassification, or cancellation of issued shares, need ment if not contained in the amendment itself:
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
provisions for implementing the an	nendment if not contained in the amendment itself:
provisions for implementing the an	nendment if not contained in the amendment itself:
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provisions for implementing the an	nendment if not contained in the amendment itself:
provisions for implementing the an	nendment if not contained in the amendment itself:

The date of each amendment	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	01/25/2018	
Effective date it appricable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement of for 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)	
action was not required. The amendment(s) was/were	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
01/25/		
Dated	Allan	
(B)	y a director, president drother officer – if directors or officers have not been ected, by an incorporator – if it the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	HYAN CONTRERAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	