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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GLORIA'S CUBA	IN HUMANITARIAN TRA	VEL, CORP		
	18000007348				
The enclosed Articles of Amer	ndment and fee are su	ibmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the following:			
GLORI	A M JORDAN				
		Name of Contact Persor	1		
GLORI	A'S CUBAN HUMA	NITARIAN TRAVEL, CO	RP		
	Firm/ Company				
12377	12377 SOUTH CLEVELAND SUITE 3B				
		Address	· · · · · · · · · · · · · · · · · · ·		
FORT	MYERS, FL 33907				
		City/ State and Zip Code	:		
GLORIACHE	EF05@YAHOO.CO	М			
	_	sed for future annual report	notification)		
For further information concer	ning this matter, pleas	se call:			
GLORIA M JORDAN		239 at (5605290		
			de & Daytime Telephone Number		
Enclosed is a check for the fol	owing amount made	payable to the Florida Depa	rtment of State:		
_	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)		
Mailing Ade Amendment Division of G P.O. Box 63	Section Corporations 27	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

GLORIA'S CUBAN HUMANITARIAN TRAVEL, CORP

2018 AUG 23 PM 12: 56

(<u>Name o</u>	of Corporation as current	<u>ly filed with the Florida</u>	Dept. of State)
P18000007348			TALLAHASSEE
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amendment(
A. If amending name, enter the new na	me of the corporation:		
GLORIA'S CULTURAL HUMANITAR	IAN TRAVEL, CORP		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an	d/or registered office add	ress in Florida anter th	e name of the
new registered agent and/or the new			e name of the
Name Chief Designation I A and	N/A		
Name of New Registered Agent			<u> </u>
			
	(t ioriaa st	rect address)	
New Registered Office Address:			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	ranning Registered Agent	ı .	
hereby accept the appointment as regist			ations of the position.
•			
	Signature of New 1	Registered Agent, if chang	ging

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.

<u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		<u> </u>	 		
Add					
Remove					
3) Change			 		
Add					
Remove					
4) Change					
Add					
Remove					·· ·
5) Change					
Add					
Remove					
6) Change					
Add		- 			
Remove					

E. If amending or add (Attach additional s		ies, enter change((Be specific)	s) here:		
N/A					
	17-11-11	Nr		· · · · · · · · · · · · · · · · · · ·	
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		<u>.</u>			
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			*. * * - .		= = 41
F. If an amendment p	provides for an excha- plementing the amend	nge, reclassificati	on, or cancellatio	n of issued shares,	
(if not applica	ble, indicate N/A)	anten n not cont	amed in the amen	ument asen.	
N/A					
			<u>.</u>		· · · · · · · · · · · · · · · · · · ·
		·			<u> </u>
	····	-			,

	08/20/2018
The date of each amendment(s) ac	option:, if other than
date this document was signed.	0.004.0
U8/2 Effective date <u>if applicable</u> :	0/2018
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval
by	·"
,	(voting group)
☐ The amendment(s) was/were add action was not required.	oted by the board of directors without shareholder action and shareholder
action was not required. 08/20/201 Dated	sted by the incorporators without shareholder action and shareholder
Signature	ector, president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
	GLORIA M JORDAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)