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	Address)				
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	City/State/Zip/Phone #)				
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	Q-VA TRAVEL INC	
DOCUMENT NUMBER:		P18000035680	
The enclosed Articles of Am	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this mat	tter to the following:	
	/1	YAMISLEY HERNANDE	Z
	Hein	Name of Contact Persor	
+		Firm/ Company	
	100 W 29	TH ST	
		Address	
	HIALE	AH, FL. 33012	
		City/ State and Zip Code	2
	IVONC426	OCMAIL COM	
	`	@GMAIL.COM sed for future annual report	
	e-man address; (to be us	sed for future annual report	nouncation
For further information conc	cerning this matter, pleas	se calt:	
IVON GOMEZ		ai (786	597-3001
Name of Cor	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the t	following amount made	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)
Mailing A	<u>Address</u>		Address
	ent Section		Iment Section
	of Corporations		on of Corporations
P.O. Box	6327 ne Fi 32314		Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Q-VA TRAVEL INC

(Name of Cor	poration as currently filed	with the Florida Dept. of Sta	te)		
PI	8000035680				
	Document Number of Corpo	ration (if known)		-	
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the	e following	amendi	ment(s) to
A. If amending name, enter the new name of	the corporation:				
				The n	-
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	ompany," or "incorporated" A professional corporation na	or the ab me must c	breviati ontain t	ion the
B. Enter new principal office address, if app		581 EAST 8 ST	581 EAST 8 ST		
(Principal office address <u>MUST BE A STREE</u>		HIALEAH, FL. 33010			- -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		581 EAST 8 ST			-
		HIALEAH, FL. 3301	0		-
D. If amending the registered agent and/or new registered agent and/or the new regi		Florida, enter the name of th	<u>e</u>	19 06	1975
Name of New Registered Agent	IVON GOMEZ				ित्स १५५८ - १४
	581 EAST 8 ST			ر. ن <u>ت</u>	
	(Florida street addi	ess)		in in	
New Registered Office Address:	HIALEAH	, Florid	33010 a_	 ಸ್ಥ	المُنْظِينَ أَنْ اللهِ
	(City)		(Zip C	ode)	

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.

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

	ecessary). (Be	e specijic)			
					
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	for an exchang	e, reclassificatio	n, or cancellatio	on of issued share	<u>5.</u>
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	10/01/10010	
Effective date <u>if applicable</u> :	10/01//2019	
incente date in applicable.	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(see sufficient for approval.	\$)
	e approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	сг
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/0	01/2019	
DatedSignature	Jefsomes	
Signature [y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other coun	
ар	pointed fiduciary by that fiduciary)	
	Ivon Gonez.	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	Ores.	
	(Title of person signing)	·····