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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TRND, Lifestyle &	Adventure, Inc.					
DOCUMENT NUME							
	of Amendment and fee are su	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	Charles McMurry						
		Name of Contact Person	1				
	McMurry Law Firm						
		Firm/ Company					
	910 N. Duval St.						
		Address					
	Tallahassee, FL. 32303						
		City/ State and Zip Cod	e				
melav	v@mcmurrylawfirm.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information charles McMurry	n concerning this matter, pleas	850	425-3000				
Name o	of Contact Person	ai (de & Davtime Telephone Number				
	r the following amount made						
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, F1, 32301				

Articles of Amendment to Articles of Incorporation of

FILED

to

TRND, Lifestyle & Adverture, Inc.		BRIO DEA
(Name of Cor	poration as currently filed with the Florida	Dept. of State)
P18000074997		Marin Commence of the Commence
(1	Document Number of Corporation (if known)	MELARNOSEL, I LUNIUA
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation	on adopts the following amendment(s
A. If amending name, enter the new name of	the corporation:	
Travel TRND, Inc.		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," a	"Corp," "Inc," or "Co". A professional cor	corporated" or the abbreviation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new registered.		name of the
Name of New Registered Agent		
<u></u>		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		ttions of the position.
	Signature of New Registered Agent, if chang	ing

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.

X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>mes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_			
Add					
Remove					
2) Change		_			<u>-</u>
Add					
Remove					
3) Change		_		_	
Add					·····
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
б) Change				<u>-</u>	
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	<u></u>
rr	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and contained in the amendment itself:

The date of each amendment(s) ado date this document was signed.	otion:	ee. 14	2018	, if other than the
Effective date if applicable:				
	(no more t	han 90 days aft	er amendment file d	ate)
Note: If the date inserted in this blo document's effective date on the Department			ntory filing requiren	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>))		
The amendment(s) was/were adopt by the shareholders was/were suff		s. The number of	of votes east for the	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea				
"The number of votes cast fo			• •	
by				
	(voting group)			
☐ The amendment(s) was/were adopt action was not required.	ed by the board of dire	ectors without s	hareholder action ar	nd shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporator	rs without share	holder action and sh	areholder
December 4.	2018			
Dated	Il Selvet	7		
(By a dire selected,	ctor, president or othe by an incorporator – it I fiduciary by that fidu	f in the hands o		
N.	lark Seyforth			
_	(Typed or pr	rinted name of p	erson signing)	
P	resident			
	(Title of person	signing)	