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(Bu	isiness Entity Nam	ne)	
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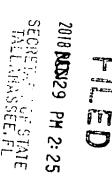
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R. WHITE DEC 0.5 2018



COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION:	y Travel Inc				
B3-2587805 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning	this matter to the following:				
Rachel Stevenson					
Florida Gay Travel Ir	Name of Contact Person				
Firm/ Company 2076 Pinellas Point Dr S.					
St Petersburg, FL 337	Address 712				
	City/ State and Zip Code				
rachel@outcoast.com					
E-mail address: ((to be used for future annual report notification)				
For further information concerning this matter	er, please call:				
Rachel Stevenson	484 447-0089 at ()				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

	Articles of Amendment	FILED
•	Articles of Incorporation	
Two da (Name of Corpora	of Cay Travel	2018 NOT 29 PM 2: 25 \(\(\sigma \) Copposite OF STATE
67	0-2587805	THE AMASSEE. FL
(1500)	ament Number of Corporation (if know	NII)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corpo	eration adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
Gay Florida Travel Inc		The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc." or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	
D. If amonding the registered asset and/or registered		
D. If amending the registered agent and/or regist new registered agent and/or the new registere		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	. I am familiar with and accept the o	bligations of the position.

13

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> <u>Jo</u>	ohn Doe	
X Remove	<u>v</u> <u>x</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.	20/2018	
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	. "	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
11/26/18		
Dated Signature	Zoral Stevr	
select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Rachel Stevenson	
	(Typed or printed name of person signing) President	
	(Title of person signing)	
	(cree or berson signing)	