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1ALLARASSEE, FLORDA

APR 11 2019
S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ACJ Travel, Inc.			
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this mat	tter to the following:		
	Jose A Linares			
-		Name of Contact Persor	1	
	ACJ Travel, Inc.			
_		Firm/ Company		
	5808 SW 69th Ave	7 mir Company		
-		Address		
:	Miami, Florida 33143			
-		City/ State and Zip Code		
joselin	ares90@gmail.com			
-		ed for future annual report	notification)	
		·		
For further information	concerning this matter, pleas	e call:		
Jose A Linares		at (at (3()	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment 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 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 to Articles of Incorporation of

ACJ Travel, Inc.					
(Name of Corporation	n as currently fi	iled with the Floric	ia Dept. of State	<u>e)</u>	
P19000000977					
(Docume	ent Number of Co	orporation (if know	n)		_ -
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fla	orida Profit Corpor	ation adopts the	following a	mendment(s) to
A. If amending name, enter the new name of the cor	rporation:				
				τ	he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	" "Inc." or "Co	". A professional		or the abbi	reviation
B. Enter new principal office address, if applicable:					≅ -n
(Principal office address MUST BE A STREET ADDI				- <u></u>	نر
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	ed office address	s in Florida, enter	the name of the		Pul 6: 29
	(Florida street	address)			
New Registered Office Address:	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Plumida.		
New Registerea Office Address.	(Ci	(ty)	, Florida_	(Zip Coo	ler
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		s and accept the obl	ligations of the p	osition.	
Signal	ture of New Regi	istered Agent, if cha	nging		

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> </u>	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	Trea		Rosa Alvarez y Rico	9415 Fountainebleau Blvd.
Add				#112
X Remove				Miami, Florida 33172
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	e <mark>nding or addin</mark> h <i>additional shed</i>	us, if necessary,). (Be spec	cific)	<u> </u>			
	- <u>-</u>		_					
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ran:	amendment pro isions for imple	<u>vides for an ex</u> menting the ar	<u>change, rec</u> nendment if	<u>llassificatioi</u> f not contai	n, o <u>r cancell:</u> ned in the ar	ation of issue needment its	elf	
91 () ((if not applicable	, indicate N/A)	i i i i i i i i i i i i i i i i i i i	not contai	incom mic ui	mentanie in in	1 11 1	
	· -							

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	भा
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	21
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03/15/2019	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)	1
Jose A Linares	
(Typed or printed name of person signing)	
President	
(Title of person signing)	