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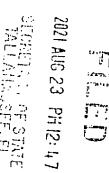
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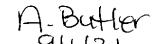
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: U-PICK	Travel and Tours Inc		
DOCUMENT NUMBER: DIGOCOC	5035		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Samuel Me	Name of Contact Person		
	Firm/ Company		
123 NW 13th St #305B			
200 11.	Address		
Ima raton	FL 3343Q City/ State and Zip Code		
MCSSINGERDA E-mail aduless: (10 be us	ed for future annual report notification)		
For further information concerning this matter, please	se call:		
Chrisa Grubaugh Name of Contact Person	at ( <u>954</u> ) <u>547 - 1124</u> Area Code & Davtime Telephone Number		
<b>y</b>	, , , , , , , , , , , , , , , , , , , ,		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee \$\Bigcup \text{\$43.75 Filing Fee & Certificate of Status}	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## **Articles of Amendment**

Articles	of	Incorporation

U-Pick Travel and Tours Inc 2021 ALIC 23 PM 12-1-7

(Name	of Corporation as currently filed with the Florida Dept. of State) 111 [2: 4]
_K19000005035	SERVICE OF STATE
	(Document Number of Corporation (if known)
its Articles of Incorporation:	,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co.," or the designation "Co.," professional association,"	n the word "corporation," "company," or "incorporated" or the abbreviation "Corp., " Corp," "Inc," or "Co". A professional corporation name must contain the word " or the abbreviation "P.A."
B. Enter new principal office address,	if applicable:
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )
C. Enter new mailing address, if appl	icable;
(Mailing address MAY BE A POST	OFFICE BOX)
D. If amending the registered agent ar	nd/or registered office address in Florida, enter the name of the
new registered agent and/or the new	w registered office address:
Name of New Registered Agem	
	150 ESAMPLE RD'SPIE 220
	(Florida street address)
New Registered Office Address:	Lompano Basch Florida 33064
	(City) (Zip Code)
Naw Dogistored Agent's Standard 16	Name to the state of the state
New Registered Agent's Signature, if c hereby accept the appointment as regist	nanging Registered Agent: ered agent.—I am familiar with and accept the obligations of the position.
ζ,	is a sum of the own gallons of the position.
	Signature of New Registered Agent, if changing
	•

Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

 $P-President;\ V=Vice\ President;\ T=Treasurer;\ S=Secretary;\ D=Director;\ TR=Trustee;\ C=Chairman\ or\ Clerk;\ CEO=Chief\ Executive\ Officer;\ CFO=Chief\ Financial\ Officer.\ If\ un\ officer/director\ holds\ more\ than\ one\ title,\ list\ the\ first\ letter\ of\ each\ office\ held.$  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 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>	Address
1) K Change	P	Samuel Messinger	123 NW 13th SU
Add		9	#3058
Remove			Doca Paton FL 33432
2) Change		·	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary).	les, enter change(s (Be specific)			
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nn amendment provi covisions for implem	tenting the amon	dment if not conta	n, or cancenation	or issued shares,	
17	indicate N/A)	dinene il noi conta	mea in the amenu	ment jisen:	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 8-13-202	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder ac action was not required.	tion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated 08-13 - 2021	
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 con appointed fiduciary by that fiduciary)	i urt
School Messinger (Typed or printed name of person signing)	
President	
(Title of person signing)	