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SEP 27 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TRANSCARIBE	TRAVEL CORP				
DOCUMENT NUMBER	t:					
The enclosed Articles of A	Imendment and fee are su	ibmitted for filing.				
Please return all correspor	idence concerning this ma	itter to the following:				
AL	ALBIS RAMIREZ					
Name of Contact Person						
TR	TRANSCARIBE TRAVEL CORP					
		Firm/ Company				
525	525 NW 72 AVE ΑΡΤ. 504					
	Address					
Mia	ami, FL 33126					
		City/ State and Zip Cod	e			
albic ram	irez@yahoo.com					
		sed for future annual report	notification)			
		are for factor annual report	notification,			
For further information co	ncerning this matter, pleas	se call:				
Albis Ramirez		786 at (469-9468			
Name of C	ontact Person		de & Daytime Telephone Number			
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:			
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)			
	Address		Address			
	nent Section	Amendment Section				
Division P.O. Bo	of Corporations		on of Corporations			
	see, FL 32314		Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRANSCARIBE TRAVEL CORP

Pursuant to the provisions of section 607 1006. Florida Statutes, this Florida Statutes, this Florida Statutes.	
Pursuant to the provisions of section 607 1006 Florida Statutos, this Flor	poration (if known)
its Articles of Incorporation:	cida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" word "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	25 NW 72 AVE APT 504
(Principal office address MUST RE A STREET ADDRESS)	Miami, FL 33126
	2019 SEA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 5	20 SEP
N	fiami, FL 33126
_	
	- FI - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	n Fiorida, enter the name of the
Name of New Registered Agent	
(Florida street a	ddress)
New Registered Office Address:	, Florida
(City	(Zip Code)

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 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) Change	V	SANDY CRESPO	5148 EL CLARO CIR	
Add XRemove			WEST PALM BEACH, FL 33415	
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change				
Add				
Remove				

y necessar, i)	(Be specific)
	· · · · -
	
	- ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
Life not applicable indicate M/A)	
(if not applicable, indicate N/A)	

09/10/2019	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
09/10/2019	
Effective date if applicable:	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco	applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	s. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entit	
"The number of votes cast for the amendment(s) w	as/were sufficient for approval
by	
by(voting group)	
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporato action was not required.	rs without shareholder action and shareholder
09/10/2019	
Dated	
Signature	
	er officer - if directors or officers have not been
selected, by/an incorporator – i appointed fiduciary by that fidu	f in the hands of a receiver, trustee, or other court iciary)
Albis Ramirez	
(Typed or pi	rinted name of person signing)
President	
	(Title of person signing)