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To:

Division of Corporations

Fax Number

: (850)617-6380

A IN THE

13,200

Account Name : AMBAR DIAZ, P.A.

Account Number : I20110000016

Phone Fax Number : (305)476-8100 : (305)422-6222

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: albis.ramirez@yahoo.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN TRANSCARIBE TRAVEL CORP

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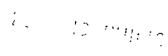
Tallahassee, FL 32314

COVER LETTER TO: Amendment Section Division of Corporations NAME OF CORPORATION: TRANSCARIBE TRAVEL CORP P19000020533 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ALBIS RAMIREZ** Name of Contact Person TRANSCARIBE TRAVEL CORP Firm/ Company 14239 SW 173 ST Address MIAMI, FL 33177 City/ State and Zip Code albis.ramirez@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 469-9468 Area Code & Daytime Telephone Number **ALBIS RAMIREZ** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



	of	
TRANSCARIBE TRAVEL CORP		
	poration as current	ly filed with the Florida Dept. of State)
P19000020533		
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation;	
		The new
	"Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
D. Euton new mainsing office address if new	lianhlas	N/A
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A
D. If amending the registered agent and/or r new registered agent and/or the new regis		
N/A		_
Name of New Registered Agent		
	(Florida et	reet address)
	(11071443)	•
New Registered Office Address:	 	(City) , Florida (Zip Code)
		(44)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	n <mark>g Registered Agen</mark> gent. I am familiar	<u>l:</u> with and accept the obligations of the position.
	Signature of New I	Registered Agent. If changing
	Organisate by Men I	report on the management

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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	PI	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
I) Change	VP	JAVIER S	SANTANA ARENCIBIA	14239 SW 173 ST
X Add				MIAMI, FL 33177
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) A	(Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	/A	
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	provisions for implementing the ame	endment if not contained in the amendment itself:
A	(If not applicable, indicate N/A)	
	A	
		<u>- ,</u>
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	10/19/2020		
The date of each amendment(s)			, if other than the
date this document was signed.			
N Effective date <u>if applicable</u> :	/A		
Ellective date il applicatie:	(no more than	90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the		icable statutory filing requirements, this date v	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a action was not required.	adopted by the incorporators, or	r board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were		he number of votes cast for the amendment(s)	
		trough voting groups. The fallowing statement o vote separately on the amendment(s):	
"The number of votes co	ast for the amendment(s) was/w	vere sufficient for approval	
by			
	(voting group)		
10/19/20 Dated	120 Mb.		
sele		filer - f directors or officers have not been the hards of a receiver, trustee, or other court	
	ALBIS RAMIREZ	V	
	(Typed or printed	d name of person signing)	
	PRESIDENT		
	(Title of person s	signing)	