P190000 22269

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<u>COVER LETTER</u>	
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Val Lynn Travel INC. DOCUMENT NUMBER: P1900022269	D J. R. J.
The enclosed Articles of Amendment and fee are submitted for filing.	2 '
Please return all correspondence concerning this matter to the following:	
Valerie Lynn Booth Name of Contact Person The Calico Muse Firm/ Company 1921 NE 28 STREET Address LIGHTHOUSE POINT FL 3 City/ State and Zip Code Val. Lynn @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valerie Lynn Booth at 954, 942-	3064
Name of Contact Person Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	Status 7
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahassTallahassee, FL 323142415 N. Monroe Street, Tallahassee, FL 32303	

Articles of Amendment

Articles of Incorporatio	n	The Table
\/a \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(a) 1,10	
Val Lynn Trav	· ····································	
(Name of Corporation as currently filed with		
770000 P	190000 22269	
/(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pi</i> its Articles of Incorporation:	rofit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
The Calico Muse INC	•	The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviation	on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the	
Name of New Registered Agent Uculeria Lyn	n Booth	
New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Office Address:	TREET Lighthous	se fant, FL 33064

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	PT John D	<u>oe</u>	
X Remove	V Mike J	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>PS</u>	Valerie Lynn	1921 NE 28 STREE
Add			Lighthouse Point Fi
X Remove	ı)α	1/11/12/21	3306 4
2) Change	15	Valerie Lynn Booth	1921 NE 28 STRECT
X Add			lighthouse Point, FC
Remove Change	NA		33064
Add			
Remove	N 1 / M		
4) Change	NA		
Add	ı		
Remove	N/n		
5) Change	TYM		
Add			
Remove	a1/A		
6) Change	<u> (N/F)</u>		
Add			
Remove			

'amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
,	
re	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NIA
	·

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 date will document's effective date on the Department of State's records.	not be listed as the
doption 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.	
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
Dated Vanuary 21, 2020	
Signature Jakerie for Joseph	
(by a director, president or other officer – if directors or officers have not been	<u> </u>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
VALERIE LYNN BOOTH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

the