## P19000039897

Office Use Only



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## COVER LETTER

COVER LETTER SECTION OF THE PROPERTY OF THE PR
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Amaya Travel Services INC.
DOCUMENT NUMBER: P19000039897
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keily Rodriquez.  Name of Contact Person  Amaya Traval Services, INC.  Firm/Company  9520 Sw 40th St.  Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keily Rodriguez at (786) 502 5752  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status  \$43.75 Filing Fee Certified Copy Certificate of Status  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## **Articles of Amendment**

	Articles of Incorporation		C:
	of	=	1,4
	Amaya Iravel Services INC.		
-	(Name of Corporation as currently filed with the Florida Dept. of State	<u></u>	٠. •
	P 190 0003 9897		

(Document Number of Corporation (if known)

	corporation:	
		The ne
ame must be distinguishable and contain the we Corp.," "Inc.," or Co.," or the designation "Cor ord "chartered," "professional association," or th	p," "Inc," or "Co". A profession	
s. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AL</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )	
. If amending the registered agent and/or regist		ter the name of the
new registered agent and/or the new registere	d office address:	
Name of New Registered Agent		<del> </del>
	(Florida street address)	
New Registered Office Address:	1. 1	Florida
rest registered office radices.	(City)	(Zip Code)
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Re	egistered Agent:	

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	$\underline{v}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Emilio Castro	9520 SW 40th 8th Miami FL 33165
X_ Add			Miami +L 33165
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del>-</del>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here:  (Re specific)
Augen dadironal sneets, if necessary).	(ne specific)
· ·	
	<u> </u>
<del>.</del>	
	<del></del>
-	
• •	
<u>f an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate NA)	
(if not applicable, indicate NA)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:		, if other than the
date this document was signed.  Effective date if applicable:	05/06/2019 (no more than 90 days after amendment fi	
Enective date it appreciate.	(no more than 90 days after amendment fi	île date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requ	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for for approval.	the amendment(s)
	y the shareholders through voting groups. The fitting group entitled to vote separately on the am	•
"The number of votes cast for the a	amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder actio	on and shareholder
action was not required.	the incorporators without shareholder action and	d shareholder
Dated	2019	
(By a director/	president or other officer – it directors or officer	rs have not been
selected, by an	incorporator - if in the hands of a receiver, trus	tee, or other court
appointed fiduc	ciary by that fiduciary)	
<i>k</i>	Seily Rodriguez	
	(Typed or printed name of person signing)	
·	tresident	
	(Title of person signing)	