P190000 50475

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TRAVEL TALK IS	VC			
DOCUMENT NUMB	ER:				
	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
	IOSE M VEGA				
-		Name of Contact Person			
	SHAREZ VEGA & ASSOCIATES INC				
-		Firm/ Company	<u> </u>		
	25 SE 2 AVE 410				
-		Address			
	МІАМІ, FL. 33131				
-		City/ State and Zip Code			
VFG/	мымі@нотмаіl.com				
	~	ed for future annual report	notification)		
	, , , , , , , , , , , , , , , , , , ,	•			
For further information	concerning this matter, pleas	se call:			
JOSE M VEGA		786	de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRAVEL TALK INC			
(Name of Corporation as currently t	iled with the Florida Dept. of State)		
P19000050475			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the fo	ollowing amend	iment(s) to
A. If amending name, enter the new name of the corporation:			
		The	ne'\\'
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.	i". A professional corporation name	the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_
			_
		<u> </u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
			_
)19 TAL	<u></u>
D. If amending the registered agent and/or registered office addressed new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	TÄÄÄS	
Name of New Registered Agent		<u>₩</u> . 3	
		<u></u>	
(Florida stree	t address)	F 80	
New Registered Office Address:	. Florida		
	iiy)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	th and accept the obligations of the po	sition.	
Signature of New Reg	gistered Agent, if changing		

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:

 $P = President; \ F = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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>	<u>Addres</u> s
1) Change	DS	DAVIS, THRISIA	100 SOUTH POINT DR 1707
Add X Remove			MIAMI BEACH, FL. 33139
2) Change	DS	DAVIS. TRISHIA	100 SOUTH POINTE DR 1707
X Add			MIAMI, BEACH FL, 33139
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	ticles, enter change (Be specific)			
				
				
<u> </u>	_	<u> </u>		
	<u></u>			<u> </u>
 				
<u> </u>			<u>-</u>	<u> </u>
	-	<u> </u>		
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	 -			
an amendment provides for an exc	change, reclassifica	tion, or cancellati	on of issued shar	es.
orovisions for implementing the am (if not applicable, indicate N/A)	iendment it not con	tained in the ame	nament itseit:	
			- <u>-</u>	
			-	

The date of each amendment(s) late this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required. June 25tl	dopted by the incorporators without shareholder action and shareholder	
DatedSignature		
selec	director, president onother officer – if directors or officers have not been eted, by an incorporatol – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JOSE M VEGA	
	(Typed or printed name of person signing)	
	INCORPORATOR.	
	(Title of person signing)	