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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: KARLA TRIPS &	TOURS, CORP.			
DOCUMENT N	£20000012848				
The enclosed Art	icles of Amendment and fee are su	abmitted for filing.			
Please return all c	correspondence concerning this ma	atter to the following:			
	MARIA E. FERNANDEZ				
		Name of Contact Person			
	KARLA TRIPS & TOURS,	KARLA TRIPS & TOURS, CORP.			
		Firm/ Company			
	8150 NW 53RD ST				
	Address				
	MIAMI, FL 33166				
	City/ State and Zip Code				
	E-mail address: (to be u	sed for future annual report	notification)		
		,	,		
For further inforn	nation concerning this matter, plea	se call:			
MARIA E. FERN	VANDEZ				
	ame of Contact Person	at {) de & Daytime Telephone Number		
. ••	ance of Contact (cross)	Aica Co	de & Daytime Telephone Number		
Enclosed is a che	ck for the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fe	ee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio The C 2415 ì	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

KARLA TRIPS & TOURS, CORP.

(Nt	C C	ales 61 ad a siale ale a 121 a si dis 12 a			
P20000012848	Corporation as curren	tly filed with the Florida De	pt. of State)		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following	g amendme	:nt(s) t
A. If amending name, enter the new na N/A	me of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	orp," "Inc." or "Co".	A professional corporation	l" or the abbreviation name must contain	_The new on "Corp" n the word	•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8150 NW 53RD ST			
		MIAMI FL 33166			
C. Enter new mailing address, if applie (Mailing address MAY BE A POST O					
D. If amending the registered agent and new registered agent and/or the new			ame of the	2520 H	1 24 2 (2)
Name of New Registered Agent	MARIA E. FERNANDE	Z		MAR 3	7-7 3-7-2
	8150 NW 53RD ST			0 7	
-	(Florida s	treet address)		A .	i ini jii <u>t</u>
New Registered Office Address:	МІАМІ		Florida	<u> </u>	
		(Ciţv)	(Zip C	ode)	7

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.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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	<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>	Name	<u>Addres</u> s	
1) Change	Р	EMILIO QUEVEDO	8672 BIRD ROAD SUITE 203	
Add			MIAMI FL 33155	
X Remove 2) Change	Р	MARIA E. FERNANDEZ	8150 NW 53RD ST	
X Add			MIAMI FL 33166	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
· · · · · · · · · · · · · · · · · · ·
F. 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)
N/A

	03/26/2020	
The date of each amendmen date this document was signed		, if other than the
•	03/26/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after an	mendment file date)
	this block does not meet the applicable statutory the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of direct	tors without shareholder action and shareholder
	ere adopted by the shareholders. The number of vovere sufficient for approval.	otes cast for the amendment(s)
	ere approved by the shareholders through voting greed for each voting group entitled to vote separately	
"The number of vote	s cast for the amendment(s) was/were sufficient fo	or approval
by		
	(voting group)	
03/26 Dated	5/2020	
Signature _		
Se	By a director, president or other officer — if director elected, by an incorporator — if in the hands of a reppointed fiduciary by that fiduciary)	rs or officers have not been eceiver, trustee, or other court
	EMILIO QUEVEDO	
	(Typed or printed name of person	n signing)
	PRESIDENT	

(Title of person signing)