P20 000014523

(Rec	uestor's Name)	
`		
(Add	iress)	
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nar	ne)
	cument Number)	
(500	Jament Hamber,	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	Ū	

Office Use Only



600346780316

06/29/20-+01024--007 **35.00

2020 C 100 KN 10: 43

AMICACI

AUG 1 3 2020

LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: YML TRAVEL AGENCY INC DOCUMENT NUMBER: P20000014523 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAMEL LORENZO Name of Contact Person YML TRAVEL AGENCY INC Firm/ Company 11055 SW 186TH ST 305 Address **MIAMI FL 33157** City/ State and Zip Code YAMEL@YML-ACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 431 2144

Area Code & Daytime Telephone Number YAMEL LORENZO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

YML TRAVEL AGENCY INC

ment Number of Corporation (if known) In Statutes, this Florida Profit Corporation adopts the following amendment(s) The new corporation: The new corporation "Company," or "incorporated" or the abbreviation "Corp" "or "Co". A professional corporation name must contain the word eviation "P.A." E: DRESS) OX) Pred office address in Florida, enter the name of the	(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
The new corporation, ""company, " or "incorporated" or the abbreviation "Corp., " " or "Co". A professional corporation name must contain the word eviation "P.A." E: DRESS)	P20000014523		
The new corporation, ""company, "or "incorporated" or the abbreviation "Corp., "or "Co". A professional corporation name must contain the word eviation "P.A." E: DRESS)	(Document Number	of Corporation (if known)	
The new corporation, ""company, " or "incorporated" or the abbreviation "Corp., " or "Co". A professional corporation name must contain the word eviation "P.A." E: DRESS) OX)	tursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amend	dment(s)
corporation, ""company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A." e: DRESS)	A. If amending name, enter the new name of the corporation:		
e: DRESS) OX)		The ,	new
<u>DRESS</u>) OX)	name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the w	p. " ord
	3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
<u></u>			_
			_
	Enter new mailing address, if applicable:	ت .	
<u> </u>	(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		—. <i>.</i>
red office address in Florida, enter the name of the			_
red office address in Florida, enter the name of the		20	_
office address in Florida, enter the name of the			
	 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	dress in Florida, enter the name of the	
		<u>.</u>	
	Name of New Registered Agent		
(Florida street address)	(Florida s	street address)	
Florida	New Registered Office Address:	, Florida	
		(City) (Zip Code)	
		, Florida	··)
1101144		(City) (Zip Code)	
	iew Registered Agent's Signature, if changing Registered Ager	nt·	
(City) (Zip Code)	hereby accept the appointment as registered agent. I am familian		
(City) (Zip Code) gistered Agent:	, , ,,		
(City) (Zip Code) gistered Agent:			
(City) (Zip Code) gistered Agent:			
(City) (Zip Code) gistered Agent:	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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	MAREDDY GOMEZ RUBIO	11055 SW 186 ST SUITE 305
Add			MIAMI FL 33157
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additi	or adding additional Arts onal sheets, if necessary).	(Be specific)				
	<u> </u>					
	<u></u>					
						
	·					
	4-2					
						
			· · · ·		<u>-</u> .	

lf an amendi	nent provides for an excl	nange, reclassific	ation, or cance	llation of issued	shares.	
provisions f (if not a	or implementing the ame pplicable, indicate N/A)	ndment if not co	ntained in the	amendment itse	elf:	
						•
			<u>.</u>			
			,			<u></u>

.

.

	06/26/2020		
The date of each amendment(s) adop	ption:		, if other than the
date this document was signed.	2020		
06/26/1 Effective date if applicable:	2020		
	(no more than 90	days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa		able statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or bo	oard of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		number of votes cast for the amendment(s)	
		ugh voting groups. The following statement ote separately on the amendment(s):	
"The number of votes east for	r the amendment(s) was/were	e sufficient for approval	
by		•	
	(voting group)		
		er – if directors or officers have not been	
		hands of a receiver, trustee, or other court	
appéinted	fiduciary by that fiduciary)		
Y	AMEL LORENZO		
_	(Typed or printed no	ame of person signing)	
	fiesidus?		
	(Title of person sign	ning)	

. . .