P2000059704

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COVER LETTER

TO: Amendment Section Division of Corporations 21.182721 1.111:46 NAME OF CORPORATION: HAVANA SKY TRAVEL CORP DOCUMENT NUMBER: P20000059704 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SUSANA DOGER Name of Contact Person DA ACCOUNTING SERVICES CORP Firm/ Company 8180 NW 36 ST, STE 329 Address DORAL, FL 33166 City/ State and Zip Code SKYTRAVELCORP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _at (305) 704-0808 Area Code & Daytime Telephone Number SUSANA DOGER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** 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

HAVANA SKY TRAVEL CORP

(Name of Corporation as current	ly filed with the Florida Dept, of State	<u> </u>	-
P20000059704			
(Document Number o	of Corporation (if known)	 	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amend	ment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The)	*/*) 41
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 mus	breviation "Corp	o., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		2021 SEP 21 AM 8: 37 SECT ALL A MASSEE FALL	FILED
tFlorida str	eet address)		
New Registered Office Address:	. Florida		
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v Signature of New R.	in the policy in the state of the policy in	osition.	
Check if applicable			

 \Box 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:

\underline{X} Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jone	<u>es</u>	
X Add	<u>sv</u>	<u>Şally Smi</u>	i <u>th</u>	
Type of Action (Check One)	<u>Title</u>	1	<u>Name</u>	<u>Addres</u> s
1) Change	VP		TANIA ARRIETA	1090 E 8TH AVE
X Add	_		<u> </u>	HIALEAH, FL 33010
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach ac	lditional shee	ets, if necessar	ry). (Be spe	er change(s) l ecific)	 -			
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. If an ame	ndment pro	vides for an e	exchange, rec	lassification,	or cancellat	ion of issued :	shares.	
provisio	<u>ns for imple</u>	menting the : , indicate N/A	amendment i	f not contain	ed in the amo	endment itsel	<u>f:</u>	
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	07/29/2021
The date of each amendment(s) adoption	
date this document was signed.	
07/29/2021	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	mendment(s) was/were sufficient for approval
by	<u></u>
	(voting group)
07/29/2021	
Dated	
Signature	
selected, by an	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
ROSA	IA LOPEZ
_	(Typed or printed name of person signing)
PRESI	DENT
	(Title of person signing)