P21000047949

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: USA CAR	IBBEAN TOURS CORP
DOCUMENT NUMBER: P21000047949	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
YURIESKY HERNA	NDEZ CRISTO
	Name of Contact Person
USA CARIBBEAN T	OURS CORP
	Firm/ Company
9500 NW 77 AVE SU	FITE 24
	Address
HIALEAH GARDEN	S, FL 33016
-	City/ State and Zip Code
lazoenterprise81@yah	oo.com
E-nuil address: (to	be used for future annual report notification)
For further information concerning this matter	r. please call:
ROLANDO LAZO ZUNIGA	at () 342-3923
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 □\$43.75 Filing Fe Certificate of Sta	ce & \$\Bigcup \\$43.75 \text{ Filing Fee & \$\Bigcup \\$52.50 \text{ Filing Fee } \\ \text{Certificate of Status } \\ \text{(Additional copy is enclosed)} \text{(Additional Copy is enclosed)} \text{(Additional Copy is enclosed)} \text{(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 Articles of Incorporation of

FILED 2021 DEC 10 AM 9: 55

USA CARIBBEAN TOURS CORP

	<u>OL COLIDOLATION AS CULTE</u>	ntly filed with the Florida Dept. of State)
P21000047949		SEURETARY OF STATE
	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment
. If amending name, enter the new n	ame of the corporation:	
N/A	 	
	Corp, " "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
		N/A
Enter new principal office address, Principal office address <u>MUST BE A S</u>		
		9-1-1-1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		dress in Florida, enter the name of the
If amending the registered agent an new registered agent and/or the ne		
new registered agent and/or the ne	w registered office addre	
new registered agent and/or the ne	w registered office addre	
new registered agent and/or the ne	w registered office addre	<u>ss:</u>

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

<u>X</u> 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) Change	VP	ROLANDO LAZO ZUNIGA	275 SW 82 AVE
X Add			MIAMI, FL 33144
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

√A	onal sheets, if necessary,	,. (пемресто)			
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	unt neovidas for an ex	change reclassifica	tion or cancellation	of icenad charec	
f an amenda	or implementing the ar	nendment if not con	tained in the amend	ment itself:	
provisions fo	pplicable, indicate N/A)				
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f an amendn provisions fo (if not ap N/A					
provisions fo (if not ap					

• ,

The date of each amendment(s date this document was signed.) adoption:	, if other than the
Ū	12/01/2021	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	**	
	(voting group)	
	7/2021	
Dated Signature	Luft	
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other c pinted fiduciary by that fiduciary)	
	YURIESKY HERNANDEZ CRISTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	