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## **COVER LETTER**

**Division of Corporations** USA CARIBBEAN TOURS CORP NAME OF CORPORATION: \_ P21000047949 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YURIESKY HERNANDEZ CRISTO Name of Contact Person USA CARIBBEAN TOURS CORP Firm/ Company 9500 NW 77 AVE SUITE 24 Address HIALEAH GARDENS, FL 33016 City/ State and Zip Code lazoenterprise81@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROLANDO LAZO ZUNIGA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$4**3,75 Filing Fee & **\$35** Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

FILED

2022 MAR -9 AM 11: 36 USA CARIBBEAN TOURS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P21000047949 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A 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: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ROLANDO LAZO ZUNIGA Name of New Registered Agent 275 SW 82 AVE (Florida street address) MIAMI 33144 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 with and accept the obligations of the position.

Signalure 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: $\underline{X}$ Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	P	YURIESKY HERNANDEZ CRISTO	1055 SW 131 ST CT
Add		-	MIAMI, FL. 33184
X Remove			
2) Change	VP	ROLANDO LAZO ZUNIGA	275 SW 82 AVE
Add			MIAMI, FL. 33144
X Remove 3) Change	Р	ROLANDO LAZO ZUNIGA	275 SW 82 AVE MIAMI, FL. 33144
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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F. If an amendment provides for an exchange, reclassification, or cance	ellation of issued shares.
provisions for implementing the amendment if not contained in the	amendment itself:
(if not applicable, indicate N/A)	
N/A	
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• •	02/09/2022	
The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this timent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the amendmetent for approval.	ent(s)
☐ The amendment(s) was/were approx must be separately provided for each	ed by the shareholders through voting groups. The following stach voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	2 or, president or other officer – if directors or officers have not be	een
selected.	e an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	YURIESKY HERNANDEZ CRISTO	
_	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)