P22000044444

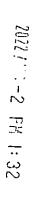
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11/9/2022

COVER LETTER

TO: Amendment Sec - Division of Corp	-		• • • • • • •		
NAME OF CORPO	RATION: MILIAN TRAVE	LINC			
	BER: P22000044444				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	SUSANA DOGER				
	Name of Contact Person				
	DA ACCOUNTING SERVICES CORP				
	<u> </u>	Firm/ Company			
	8180 NW 36TH STE SUITE 329				
	Address				
	DORAL FL 33166				
		City/ State and Zip (Code		
	MILIANTRAVELINC@GM	IAIL.COM			
	E-mail address: (to be us	sed for future annual re	port notification)		
For further information	on concerning this matter, pleas	se call:			
SUSANA DOGER		305	606-3932		
Name of Contact Person		Area	Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida I	Department of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status		
	iling Address		eet Address		
	endment Section		endment Section		
	ision of Corporations . Box 6327		rision of Corporations		
	ahassee, FL 32314		e Centre of Tallahassee 15 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently P22000044444		~ ~ ·	
P22000044444	v filed with the Florida Dept. of State)) -2 Pii I: 3	
(Document Number of	f Corporation (if known)	,	
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the following an	mendment(s) to	
A. If amending name, enter the new name of the corporation:			
N/A	TI	ie new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A,"	ompany," or "incorporated" or the abbreviation "	Corp.,"	
B. Enter new principal office address, if applicable:	5580 8TH ST W		
Principal office address MUST BE A STREET ADDRESS)	UNIT 1		
	LEHIGH ACRES, FL 33971		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	580 8TH ST W		
	NIT 1		
	LEHIGH ACRES, FL 33971		
 If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: 			
81/3			
Name of New Registered Agent N/A			
Name of New Registered Agent			
Name of New Registered Agent (Florida stre	vet address)		

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)

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	PT	John Doe		
X Remove	V	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	ROSANA LOPEZ	2423 W 65TH STREET	
X Add			HIALEAH FL 33016	
Remove				
2) Change				
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
6) Change				
Add				
Remove				

	eets, if necessary).	icles, enter change (Be specific)	<u>_</u>		
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f an amendment pr	ovides for an exch	ange, reclassificat	ion, or cancellati	on of issued shar	P5,
provisions for imple	ementing the ame	ndment if not cont	ained in the ame	ndment itself:	- - -
(if not applicabl	le, indicate N/A)				
	 _				

•	07/20/2022	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	W2022	
07/20 Effective date <u>if applicable</u> :	0/2022	
• • • •	(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this blidocument's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of di	rectors without shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number officient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through votine each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficien	nt for approval
by		••
	(voting group)	 ·
Dated	4	
Signature	0	
	rector, president or other officer - if dire	
	l, byan incorporator – if in the hands of ed fiduciary by that fiduciary)	a receiver, trustee, or other court
• •	•	
	JULIO BENEMELIZ MILIAN	
-	(Typed or printed name of pe	erson signing)
	PRESIDENT	
-	(Title of person signing)	