

## P22000089400

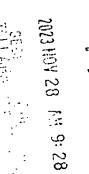
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: XPERTTOUR TO	URISM AND TRAVEL A	GENCY CORP		
DOCUMENT NUM	BER: P22000089400				
	of Amendment and fee are sui	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Reynald Dorsainvil				
	Name of Contact Person				
		Firn/ Company	<del></del>		
	151 SW 117TH AVE APT 107				
		Address			
	PEMBROKE PINES, FL 330	025			
		City/ State and Zip Code	2		
	reyeare@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Reynald Dorsainvil		at (	328-4681		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	nrtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

PERTTOUR TOURISM AND TRAVEL AGENCY CORP	
(Document Number of Corporation (if kno	wn)
irsuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corpo</i> Articles of Incorporation:	pration adopts the following amendment(s)
If amending name, enter the new name of the corporation:  BIGDANG TRAVELS AND TOURISM Actions must be distinguishable and contain the word "corporation," "company," or "incorporation," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "P.A."	porated_or the abbreviation "Corp.,"
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2028 NO
If amending the registered agent and/or registered office address in Florida, ente	r the name of the
new registered agent and/or the new registered office address:	r the name of the
Name of New Registered Agent	22 (g) <b>8</b>
(Florida street address)	
New Registered Office Address:	Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the o	bligations of the position.
Signature of New Registered Agent, if ch	anging
back if annlieshin	e

☐ 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Jeysel Greyce Ramirez Linares Sr.	151 SW 117TH AVE APT 107
Add			PEMBROKE PINES, FL 33025
X Remove			
2)Change			
Add			<del>.</del>
Remove 3) Change			
Add			
Remove			<del></del>
4) Change			<del></del>
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment usen.
13	
-	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will repeartment of State's records.	ot be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	hareholder
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
11/15/202 Dated		
seleci	director prosiders or other officer – if directors or officers have not been led, by arrincorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
upp.	Reynald Dorsainvil	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	