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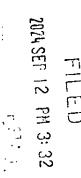
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: ENROUTES COR	P	
DOCUMENT NUMBER			
	A <i>mendment</i> and fee are su	bmitted for filing.	
Please return all correspor	ndence concerning this ma	tter to the following:	
NI	NOTCHKA НЕСПТ		
		Name of Contact Perso	n
FA	ST FILING SERVICES L	LC	
		Firm/ Company	
813	22 NW 108TH PL		
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DC	RAL, FLORIDA, 33178		
		City/ State and Zip Cod	e
FA	STFILINGSERVICES@0	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
NINOTCHKA HECHT		786	762-2048
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	Address nent Section tof Corporations x 6327 (see, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

ENROUTES, CORP		ZUZ4 SI	EP 12	PH 3: 33
(Name of Cou	rporation as currently filed with the Florida Dept. of		• .	20 411
P24000002399		•	•	1.7.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.
1	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts	the follo	owing ar	mendment(s) to
A. If amending name, enter the new name o	f the corporation:			
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or th "Inc," or "Co". A professional corporation name e abbreviation "P.A."	e abbre must-co	viation "	ne new Corp.," ne word
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		_		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	CE BOX)			<u> </u>
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, enter the name of stered office address:	<u>the</u>		
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	, Flo	rida	Zip Code	
New Registered Agent's Signature, if changi	ng Registered Agent:			
I hereby accept the appointment as registered a	igent. I am familiar with and accept the obligations of t	he posit	ion.	
	Signature of New Registered Agent, if changing			
Check if applicable ☐ The amendment(s) is/are being filed pursuar	nt 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 Doc 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 Doc. 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	$\underline{\mathbf{V}}$	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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) stricle III: TOURISM AND RECREATIONAL SERVICES, TRAVEL, AGENCY, AND ANY AND ALBUSINESS.	
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The date of each amendment(s) at date this document was signed.	loption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, 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 directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each woting group entitled to vote separately on the amendment	ζ statement (s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/29/2024 Dated		
Signature <u>⊀</u>	THE STATE OF THE S	
(By a di	ector, president or other officer - if directors or officers have n	ot been
selected	, by an incorporator – if in the hands of a receiver, trustee, or ot	her court
appoint	d fiduciary by that fiduciary)	
	ALEXIS P GORDILLO	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	