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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORA	TION: CAYMANVACA	TION,COM INC.			
		R:				
The enclosed Ar	ticles of	Amendment and fee are su	bmitted for filing.			
Please return all	сонеѕро	ndence concerning this ma	tter to the following:			
	De	on W. Martin				
	Name of Contact Person					
	CAYMANVACATION,COM INC.					
	Firm' Company					
	579 Sawgrass Bridge Rd.					
	Address					
	Venice, FL 34292					
			City/ State and Zip Cod	2		
	dontá ca	ymanyacation.com				
			sed for future annual report	notification)		
		12-man address, far de a	sea to ratife amount report	income and in the second		
For further infor	mation c	oncerning this matter, pleas	se call:			
Don Martin			813 at (998-5407		
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a che	eck for th	e following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing F	ee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amenc Divisio	Address Intent Section on of Corporations Building			
Tallabaccoo, FL 2031.1		2661 Everative Center Circle				

Tallahassee, FL 32304

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	ly filed with the Florida Dept. of State)
(Document Number e	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ' word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
tFlorida st	reet address)
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	

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:

 $P = President; \ V = Vice President; \ V = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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: <u>X</u> Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Safly</u>	Smith	
Type of Action (Check One)	<u> Fitle</u>	<u>Name</u>	<u>Address</u>
1) X Change	CEO	Don W. Martin	CAYMANVACATION.COM INC
Add			579 Sawgrass Bridge Rd
Remove			Venice, FI 34292
2) X Change	Presiden (Linda A. Martin	CAYMANVACATION.COM INC
Add			579 Sawgrass Bridge Rd
Remove			Venice, Fl 34292
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessarys.</i>	(Be specific)
* ***	
_	•
111-1-111	
lf an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
ty nin apparence, macare is Ay	
	· · · · · · · · · · · · · · · · · · ·

March 1, 2024	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date if applicable:	
tno more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be fisted as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	u.
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
tvoting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was were adopted by the incorporators without shareholder action and shareholder action was not required.	
March 1, 2024 Dated	
Signature Nammate	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Don W. Martin	:
(Typed or printed name of person signing)	
CEO	- .
(Title of person signing)	