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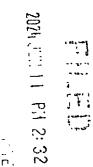
(Re	equestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PENINSULA TRA	VEL PRESENTATIONS,	INC.		
DOCUMENT NUMB					
	of Amendment and fee are sul	binitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	VIRGINIA DI BERARDINO	,			
-		Name of Contact Person			
	PENINSULA TRAVEL PRESENTATIONS, INC.				
•	Firm/ Company				
	2061 SAILBOROUGH COU	RT			
Address					
	WINTER GARDEN, FL 347	87			
•		City/ State and Zip Code			
	virginia@peninsulashows.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Virginia Di Berardino		at (6545511		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Division The C 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

		14.15
(Name of Corporation as	currently filed with the Flor	rida Dept. of State) juic 11 Fil 2:22
7000046778		" 11 Fil 2: 2:
(Document N	Number of Corporation (if kno	wn)
rsuant to the provisions of section 607.1006. Florida Stati Articles of Incorporation:	utes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment(
If amending name, enter the new name of the corpor	ation:	
		The new
me must be distinguishable and contain the word "corporanc.," or Co.," or the designation "Corp," "Inc," or hartered," "professional association," or the abbreviation	"Co". A professional corpo	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRES	<u></u>)	
	 -	
		,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· <u></u>
	· · · · · ·	
If amending the registered agent and/or registered o new registered agent and/or the new registered office		er the name of the
Name of New Registered Agent		
Name of New Registered Agent		
	Florida street address)	<u> </u>
New Registered Office Address:	Florida street address)	. Fiorida

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)

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	GEORGE RESSOPOULOS - RESSO\$	20455 QUARTERLY PKWY
X Add			ORLANDO, FL 32833
Remove			
2) Change	<u>T</u>	MELANIE SUE RESSOPOULOS	20455 QUARTERLY PKWY
X Add			ORLANDO, FL 32833
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after at	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gimust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by Vinginia Di Buardino (voting group)	
Dated 06/04/2024	
Signature / Will A W	06/04/2024
(By a director, president of other officer – if directorselected, by an incorporator, if in the hands of a re-	ors or officers have not been
appointed fiduciary by that fiduciary)	scerver, trustee, or other court
VIRGINIA DI BERARDINO	
(Typed or printed name of person	on signing)
PRESIDENT	
(Title of person signing)	

(Attacl	ending or adding additional Artic hadditional sheets, if necessary)	(Be specific)	1		
	•				
-					
			<u> </u>		
 -					
			<u> </u>		
					
	-				
		_ .			
li an s	amendment provides for an excha isions for implementing the amen	<u>nge, reclassificatio</u> dment if not conta	on, or cancellation sined in the amend	of issued shares,	
(if not applicable, indicate N/A)	omen in not conta	med in the amene		
					· -
		· · ·	<u>-</u>		
	· · · · · · · · · · · · · · · · · · ·				