

532055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



200208702572

06/13/11--01046--012 **43.75

FILED

2011 JUL -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Approved
[Signature]
7-1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CELIMAR TRAVEL, INC

DOCUMENT NUMBER: S32055

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA JULIA GONZALEZ

Name of Contact Person

CELIMAR TRAVEL, INC

Firm/ Company

1000 LEE BOULEVARD SUITE 203

Address

LEHIGH ACRES, FL 33936

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA J. GONZALEZ

Name of Contact Person

at (239)

674-7656

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2011

MARIA JULIA GONZLEZ
CELMAR TRAVEL, INC.
1000 LEE BLVD, SUITE 203
LEGIGH ACRES, FL 33936

SUBJECT: CELIMAR TRAVEL, INC.
Ref. Number: S32055

We have received your document for CELIMAR TRAVEL, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 611A00014620

RECEIVED
JUL 11 8:14 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

CELIMAR TRAVEL, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

S32055

(Document Number of Corporation (if known))

FILED
2011 JUL -1 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1000 LEE BLVD SUITE 203

LEHIGH ACRES, FL 33936

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 LEE BLVD SUITE 203

LEHIGH ACRES, FL 33936

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MARIA JULIA GONZALEZ

New Registered Office Address:

1000 Lee Blvd Suite 203

(Florida street address)

Lehigh Acres

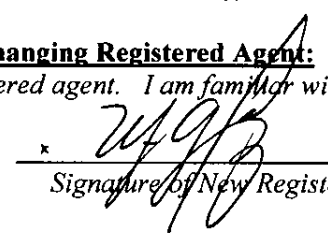
(City)

Florida 33936

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer- <u>Secretary</u>	Jose Manuel Rodriguez	1000 Lee Blvd Suite 203 Lehigh Acres FL 33936	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 06/08/2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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):

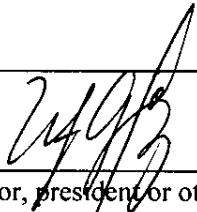
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting 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.

Dated 06/08/2011

Signature 
(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)

MARIA JULIA GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)