S87824

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SECRETARY OF STATE
TALL AHASSEE, FLORID.

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C. LEWIS

NOV 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	M.K. TRA	VEL & TOURS	, INC.		
DOCUMENT NUMBER:	S87824				
The enclosed Articles of Amend	ment and fee are sul	omitted for filing.			
Please return all correspondence	concerning this mat	ter to the following:			
Eulog	io Garcia				
Name of Contact Person M.K. TRAVEL & TOURS, INC.					
999 P	once de Lec	Firm/ Company on Blvd., Suite	50		
Address Coral Gables, FL 33145					
		City/ State and Zip Cod	le		
	mktravel.co	M ed for future annual report	notification)		
For further information concerning	g this matter, please	call:			
Eulogio Garcia		at (305	, 648 7213		
Name of Contact	Person		ode & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made p	ayable to the Florida Dep	artment of State:		
	.75 Filing Fee & cificate 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building executive Center Circle assec, FL 32301		

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Articles of Amendment to Articles of Incorporation

13 NOV -5 PM 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

M.K. TRAVEL & TOURS, INC.

dment(s) to

(Name of Corporation a	s currently filed with the F	lorida Dept. of State)		
	S87824			
(Docume	nt Number of Corporation (i	(known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corpora	tion adopts the following	amendme
A. If amending name, enter the new n	ame of the corporation:		7	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "e	Co". A professional c	ncorporated" or the abb	reviation
B. Enter new principal office address,		N/A		
(Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addr w registered office address: Eulogio Garcia	ess in Florida, enter th	e name of the	
Name of New Registered Agent		01.1.0.11		
	999 Ponce de Le		50	
	(Florida stre		EL 22445	
New Registered Office Address:	Coral Gables	, Fl	orida FL 33145 (Zip Code)	
	(City)		(Lip Couly	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the oblig	gations of the position.	
	anguard of New Registered A			
SI	anc um talist New Registered A	gent, it changing		

Address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I if neces irector the Presiden Chief cr, Direct d in the fa aves the c	Offector sary) le by the it; T= Tre Financial for would following is	being added: first letter of the office title: casurer; S= Secretary; D= Director; TR= l Officer. If an officer/director holds more be PTD. nanner. Currently John Doe is listed as th on, Sally Smith is named the V and S. Thes	er/director being removed and title, name, and Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, list the first letter of each office than one title, name, and
X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D		Maria Amelia Cachaldora	999 Ponce de Leon Bivd.
Add				Suite 50
Remove				Coral Gables, FL33134
2) Change	DP		Hidalgo Juan Jose	999 Ponce de Leon Blvd.
Add				Suite 50
Remove			•	Coral Gables, FL33134
3) Change	DVP	- -	Eulogio Garcia	999 Ponce de Leon Blvd.
Add				Suite 50
Remove				Coral Gables, FL33134
4) Change	TS	_	Hidalgo Juan Jose	999 Ponce de Leon Blvd.
Add				Suite 50
Remove	•			Coral Gables, FL33134
5) Change		_		
Add				
Remove				
6) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				<u> </u>
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) N/A	E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	क्षेत्र के जिल्हा के किया है। जिल्हा के किया किया के किया के
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The date of each amendment(s) ad	option: 8/25/2013	SECHFIARY	if other than the
date this document was signed.	•	SECHFIARY OF TALLAHASSEE.	TOTATE ****** ****************************
Effective date if applicable: 8/25	5/2013		
	(no more than 90 days after	r amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoption the shareholders was/were sur	pted by the shareholders. The number of ficient for approval.	f votes cast for the amendment(s)	
	roved by the shareholders through voting each voting group entitled to vote separa		
"The number of votes cast t	or the amendment(s) was/were sufficient	t for approval	
by	(voting group)	35	
	(voting group)		
action was not required.	oted by the board of directors without sha		
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareho	older action and shareholder	
Dated	29/10/2013.		
selected	rector, president or other officer – if dire, by an incorporator – if in the hands of and fiduciary by that fiduciary)		-
	Eulogio Garcia		_
-	(Typed or printed nam	d of person signing)	_
-	(Title of perso	n signing)	=