(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	KAT'S KRAZY 8'S'I	NC
DOCUMENT NU	JMBER:	P0900003835	3
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	nis matter to the following:	
		JAMES SUTTEN	·
,	•	Name of Contact Person	
	SUTTEN	S ACCOUNTING SERVICE	
		Firm/ Company	
PO BOX 2465			
		Address	
		RNESS, FL. 34451-2465	
	(City/ State and Zip Code	
	jsutten(E-mail address: (to be us	@tampabay.rr.com ed for future annual report notification)
For further inform	ation concerning this matter	, please call:	
KA	THY D HOWARD		288 0572
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Dep	partment of State:
	\$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)
Mailing A		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building 2661 Executive Center Ci	role
Tallahassee, FL 32314		ZODI EXECUTIVE CENTER CI	reie

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KAT'S KRAZY 8'S I	INC				
(Name of Corporation as currently filed with	the Florida Dept. of State)				
P09000038353					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statum amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit Corporation</i> a	dopts the following			
A. If amending name, enter the new name of the corporation	on:				
		The new			
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associations and the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must contain the word "chartered," "professional associations are must be distinguishable and contain the word "corp." and "corp." or the designation "Corp." and "corp." above the distinguishable and contain the word "corp." above the distinguishable and contain the word "corp." above the designation "Corp.," above the designation "Corp.," above the designation "Corp.," above the designation are must contain the word "corp.," above the designation "Corp.," above the designation are must contain the word "chartered," "professional association are must contain the word "chartered," "professional association "Corp.," and "corp., and "corp.," and "corp., and "corp	Corp," "Inc," or "Co". A professiona				
B. Enter new principal office address, if applicable:	20290 SE 142ND 91	0			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	UMATILLA, FL. 32784	SECRET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED STATE CORPORATIONS			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		of the			
	IOND DI				
New Registered Office Address: 20290 SE 14	ida street address)				
UMATILLA, F	FL. 32784, Florida				
(City)	,				
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family Signature of New Signature of New 2012		the position.			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	JERRY F THOMAS	20290 SE 142ND PL UMATILLA, FL. 32784	☑ Add □ Remove
			
(attach ad	dditional sheets, if necessary). (Be sp	ecific)	
F. If an an	nendment provides for an exchange,	reclassification, or cancellation o	f issued shares,
provisio	ons for implementing the amendment ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: OCTOBER 15, 2011
Effective date if applicable:	OCTOBER 20, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statement ed 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)
	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_OCT	FOBER 15, 2011
Signature	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KATHY D HOWARD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)