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TO: Amendment Section

Division of Corporations

KATRACHO INVESTMENT CORP NAME OF CORPORATION: P06000104706 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **NELY S CUELLAR** Name of Contact Person KATRACHO INVESTMENT CORP Firm/ Company 21 ARLINGTON RD #5 Address JACKSONVILLE, FL 32211 City/ State and Zip Code nellyosorio2002@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 982 1745

Area Code & Daytime Telephone Number **NELY S CUELLAR** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □S52.50 Filing Fee **\$35** Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KATRACHO INVESTMENT CORP	
(Name of Corporat	tion as currently filed with the Florida Dept of State)
P06000104706	accretably of Section
(Docu	ument Number of Corporation (if knowiff LLAHASSISL, TUGGER
Pursuant to the provisions of section 607,1006, Floricits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the c	corporation:
	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered." "professional association." or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>OX</u>)
D. If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
•	(Florida street address)
New Registered Office Address:	. Florida
Mes regimered office rances.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	manure of New Revistered Avent, if changing

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; 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 <math>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.

Evample: <u>X</u> Change	<u>PT</u>	John D	<u>loe</u>	
X Remove	<u>V</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		FRANCISCO J CUELLAR,	10626 LONE STAR RD
Add				JACKSONVILLE, FL 32225
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add		•		
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	<u>g nere</u> .		
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If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification of the contact of the conta	on, or cancellation ined in the amend	of issued shares, ment itself:	
				

	05/08/2019	
The date of each amendment(s) date this document was signed.		, if other than the
0:	5/08/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	,
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
05/08/2 Dated Signature(By	director, president or other officer - in Trestors or officers have not been	
	rted, by an incorporator - if in the hands of dreceiver, trustee, or other court inted fiduciary by that fiduciary)	
	NELY S CUELLAR	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	