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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: NAT'S CATERING	G INC	<del>.</del>
DOCUMENT NUM	P0700052401		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIS R. SMITH		
		Name of Contact Persor	1
	TAXES USA LLC		
		Firm/ Company	
	11402 NW 41ST STREET S		
	- THOUSE OF THE STATE OF THE ST	Address	
	DODAL CL 33170	Address	
	DORAL, FL. 33178		
		City/ State and Zip Code	•
LM.J	ESSEL@GMAIL.COM		/
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	305	<b>.</b> 4702429
Name	of Contact Person	at ( Area Co	)
	or the following amount made		
■ \$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building accutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

NAT'S CATERING INC

(Name	of Corporation as currently	filed with the Florida Dept. of State	;)		
P07000052491					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the	following	g amend	lment(s) to
A. If amending name, enter the new na	nme of the corporation:				
				The n	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corporation nam			
B. Enter new principal office address,	if applicable:				
(Principal office address <u>MUST BE A S</u>					
		· · · · · · · · · · · · · · · · · · ·			_
			**************************************	<u></u> <del>20</del>	_
C. Enter new mailing address, if appli	aahla			SEP	71
(Mailing address MAY BE A POST)			73 - 1	=	
			£1 <		T T
			179 171.11		<del>-</del>
				 ف	_
			F.,	3	
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the			
Name of New Registered Agent	BRIDGET L. HARRIS				
	1739 OPALOCKA BLVD				
	(Florida stree	et address)			
Non Projectoral Office Addresses	OPALOCKA	. Florida	33054		
New Registered Office Address;		City)	(Zip C	ode)	_
New Registered Agent's Signature, if c					
I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations of the p	osition,		
`	& Duilet	- Muy is			
	Signature of New Re				

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 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 PT John Doe	
X Remove V Mike Jones	
X Add SV Sally Smith	
Type of Action Title Name Address (Check One)	
1)Change DP FRAZEL E. BROWN 1739 OPALOCKA BL	/D
Add OPALOCKA, FL. 330:	54 —————
2)Change VP ERIC E. HARRIS 1739 OPALCKA BLV	)
X Add OPALOCKA, FL. 330:	i4
Remove	
3)Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	

Attach additional sheets, if necessary).	icles, enter chang (Be specific)			
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f an amendment provides for an exch	iange, reclassifica	ition, or cancella	tion of issued sha	ares,
provisions for implementing the ame (if not applicable, indicate N/A)	nament 11 not coi	mained in the am	ienament usen:	
			<del> </del>	·
				· <del>-</del>
		<del></del>		

	09/05/2018	:6 1 a
The date of each amendment(s) adoption:		, if other than
date this document was signed.		
09/05/2018		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this d t of State's records.	ate will not be listed as
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment for approval.	(s)
	y the shareholders through voting groups. The following statem ting group entitled to vote separately on the amendment(s):	nent
	mendment(s) was/were sufficient for approval	
hy		
	(voting group)	
action was not required.	the board of directors without shareholder action and sharehold the incorporators without shareholder action and shareholder	ler
00/05/2019		
09/05/2018 Dated Signature	et Mary	
	president of other officer if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other couiary by that fiduciary)	ırt
BRIDGI	ET L. HARRIS	
<del>-</del>	(Typed or printed name of person signing)	
PRESID	DENT	
	(Title of person signing)	

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