P11000012088

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09/18/12--01008--007 **35.00



Amend

SEP 1 9 2012

T. LEWIS

COVER LETTER

Division of Corporations NAME OF CORPORATION: KATSEYE FINANCIAL INC DOCUMENT NUMBER: P11000012088 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YULEMA C. OLMO Name of Contact Person KATSEYE FINANCIAL INC Firm/ Company 18507 SOUTH DIXIE HWY **CUTLER BAY FL 33157** City/ State and Zip Code KATSEYEFINANCIAL69@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 05 630-2977
Area Code & Daytime Telephone Number YULEMA C. OLMO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fec & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)



Articles of Amendment to Articles of Incorporation of

KATSEYE FINANCIAL INC

(Name of Corporation as curren	stly filed with the Fla	wide Dent of State)	
P11000012088	itty med with the Fig	niua Dept. of State	
	per of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation adopts the folio	wing amendment(s) to
A. If amending name, enter the new name of t	the corporation:		
N/A			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "C	o". A professional corporation name m	e abbreviation
B. Enter new principal office address, if appli	anhta:	N/A	
(Principal office address MUST BE A STREET			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	N/A	
			
D. If amending the registered agent and/or re new registered agent and/or the new regist		ess in Florida, enter the name of the	
Name of New Registered Agent N/A			
Name of New Registered Agent			
	(Florida stree	et address)	
New Pagistanad Office Address N/A	•	,	
New Registered Office Address: IN/A	(City)	, Florida(Zip Code))
•			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:	ith and accept the obligations of the positi	a n
Thereby accept the appointment as registered ag	,c.n. rum juminu 111	an and accept the congunous of the position	
Signature	of New Registered As	pent 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.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	RAUL ALVAREZ	18507 SOUTH DIXIE HWY
Add			CUTLER BAY
X Remove			FL 33157
2) Change	Р	YULEMA C. OLMO	18507 SOUTH DIXIE HWY
X			CUTLER BAY
Remove			FL 33157
3) Change		_	•
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change			
Add			·
Remove			

amending or adding a ttach additional sheets,	if necessary). (Be	specific)	_		
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f an amendment provid	las for an avahansa	waslassification	on concellation o	of icanod charac	
<u>provisions for impleme</u>	nting the amendme	nt if not containe	ed in the amenda	nent itself:	
(if not applicable, in	ndicate N/A)			,	
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		,		<u> </u>	
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					-

The date of each amendment(s) a	adoption: 09/12/2012
Effective date if applicable:	9/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	.79
	(voting group)
The amendment(s) was/were action was not required. Dated 09/12	dopted by the incorporators without shareholder action and shareholder
Signature	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	RAUL ALVAREZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)