PII 0000 67960

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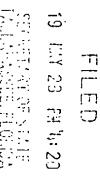


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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: HER Spe	cialized Rigging.	Inc.	
DOCUMENT NUMBER: P11000067960			
The enclosed Articles of Amendment and	fee are submitted	for filing.	
Please return all correspondence concerning	g this matter to th	e following:	
Lorraine D. Powell			
	Nam	e of Contact Person	
GTI. Management,	Inc.		
		irm/ Company	
6958 Aloma Ave.			
		Address	
Winter Park, FL 32	792	, , , , , , , , , , , , , , , , , , ,	
	City/	State and Zip Code	
gtlmgmt@gmail.com			
E-mail address	: (to be used for fi	ture annual report r	notification)
For further information concerning this ma	tter, please call:		
Lorraine D. Powell		407 at (402-3840
Name of Contact Person		Area Cod	le & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable t	 o the Florida Depar 	rtment of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Certificate of	Status Cert (Add	75 Filing Fee & ified Copy litional copy is losed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	·	Divisior Clifton I 2661 Ex	Address nent Section n of Corporations Building tecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

HER Specialized Rigging, Inc.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P11000067960	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
Kathys' Bail Bonds, Inc.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>₹ES\$</u>)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	50 EN 20 EN
D. If amending the registered agent and/or registere new registered agent and/or the new registered or	
Name of New Registered Agent	
	(Florida strect address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. 1	am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing
·	

P = President; V= Vi Executive Officer; CF held. President, Treasi Changes should be not a change, Mike Jones Mike Jones, V as Remo	director tit ce Presiden O = Chief wer, Direct ted in the fo leaves the c	the by the first letter of the tt; T= Treasurer; S= Seco Financial Officer. If an tor would be PTD. ollowing manner. Curren	etary; D= Director; Th officer/director holds m John Doe is listed as	R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is nese should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change		_	<u> </u>	
Add			ļ	
Remove				
2) Change			-	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				

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:

_ Remove

E. If amending or adding additional Articles, enter change (Attach additional sheets, if necessary). (Be specific)	<u> </u>
((a), (,,,,,,	
	· · · · · · · · · · · · · · · · · · ·
	
F. If an amendment provides for an exchange, reclassifica	l tion, or cancellation of issued shares,
provisions for implementing the amendment if not cor	tained in the amendment itself:
(if not applicable, indicate N/A)	
	1
	<u> </u>

05/15/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/15/2019	
Effective date <u>if applicable</u> :	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet locument's effective date on the Department of State's r	the applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	NE)
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval	
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group c	
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
by	.**
by(voting grou	(p)
 The amendment(s) was/were adopted by the board of action was not required. The amendment(s) was/were adopted by the incorpor action was not required. 	
05/23/2019 Dated	
(By a director, president or selected, by an incorporator appointed fiduciary by that	·
Kathleen Lampe -	Thomas
(Typed o	or printed name of person signing)
President	
	(Title of person signing)
	1