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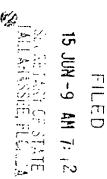
(Requestor's Name)					
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: /15 Kra Cutering Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tremerka Strickland Name of Contact Person Transkra Catering Inc Firm Company 4813 Dearville Drive Address Oxlando II 31,908
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Treme Name of Contact Person at (407) 715-5957 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$35 Filing Fee Certificate of Status \$35 Filing Fee Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Arrandment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

FILED FILE

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ST	Kristy driles	2074 S. Countryside Co
Add		·	Orlando Fl
Remove			32804
2) Change			
Add			·
Remove			
3) Change			
Add			···
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)					
		· · · · · · · · · · · · · · · · · · ·			
 					
			<u> </u>		
				· -	
lf an amendment provides for an exch	sange, reclassifica	ition, or cancellat	ion of issued shar	·^\$.	
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not cor	ntained in the ame	endment itself:	<u></u>	
Tremeika Strickla		90			
Kristy Anles	090				

The date of each amendment(s) a	doption:	0/1/2015		_, if other than the
date this document was signed.		<i>i i</i>		
Effective date <u>if applicable</u> :	(no n	nore than 90 days after amend	ment file date)	
Note: If the date inserted in this document's effective date on the D	block does not mee	et the applicable statutory filing		not be listed as the
Adoption of Amendment(s)	(CHECK C	ONE)		
The amendment(s) was/were ad by the shareholders was/were so			ast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for				
"The number of votes cast	for the amendment	(s) was/were sufficient for appr	roval	
by	(voting gro	ouni		
The amendment(s) was/were ad action was not required.			r action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorpo	orators without shareholder act	ion and shareholder	
Dated	1/2015			
selecte		r other officer – if directors or or – if in the hands of a receive at fiduciary)		-
	Iremen (Typed	Ka Strickland or printed name of person sign	ر ing)	
	Pres	(Title of person signing)		