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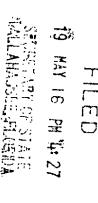
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> JUN 04 2019 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:	ATALINA DESIGN, COR	P			
DOCUMENT NUMBE	P16000080435					
The enclosed Articles of	**Amendment and fee are sub	omitted for filing.				
Picase return all correspondent	ondence concerning this mat	ter to the following:				
	HUGO J. GONZALEZ					
-	Name of Contact Person					
	CATALINA DESIGN, CORP					
_	Firm/ Company					
	3219 CORAL LAKE DRIVE					
_	Address					
	C	ORAL SPRINGS, FL. 330	65			
_	City/ State and Zip Code					
	ca	ntalinadesigncorp@yahoo.co	om			
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
HUGC	J. GONZALEZ	at () 347-5960 le & Daytime Telephone Number			
Name of	Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CATALINA DESIGN, CORP

(Name o	f Corporation as curren	tly filed with the Florida Dept.	of State)
	P160000	80435	
<u> </u>	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation add	pts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		T'
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat	The new ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A	
		N/A	N 16 PM
D. If amending the registered agent an new registered agent and/or the new	<u>d/or registered office ad</u> v registered office addro	ldress in Florida, enter the name	of the T
Name of New Registered Agent	N/A		
Hame of their register in riggin			
	(Florida	street address)	
New Registered Office Address:	N/A	,	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familia	nt: ir with and accept the obligations	•
	Signature of Nev	v Registered Agent, if changing	

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or E , if neces, rector tit. Presiden = Chief er, Direct I in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Tr Financial Officer. If an officer/director holds more to or would be PTD. ollowing manner. Currently John Doe is listed as the F corporation, Sally Smith is named the V and S. These s	custee; C = Chairman or Clerk; CEO = Ch han one title, list the first letter of each offi PST and Mike Jones is listed as the V. There		
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VS	SANDRA CRUZ RODRIGUEZ	3219 CORAL LAKE DRIVE		
X Add			CORAL SPRINGS, FL. 33065		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change	-				
Add					
Remove					
5) Change					
Add					
Remove					
δ) Change					
Add					

____ Remove

. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter cha (Be specific)	inge(s) here:			
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. If an amendment provides for an exc	<u>hange, reclassi</u>	fication, or c	ancellation of	issued shares,	
provisions for implementing the am	<u>endment il not</u>	contained in	the amendme	nt itself:	
(if not applicable, indicate N/A)					
!/A					
					<u> </u>
**					
	···		<u> </u>		-
	 -				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/13/2019	
Dated	
Simpling	
Signature	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
HUGO J. GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	