## P180000 45455

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900340763089

02-14/26--01/07--028 \*\*35.00

2020 FEB 14 PM 2: 50

Mund

MAR U & 2020 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CATALEYAS I C	CORP	
	IBER: P18000045488		
	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	DAYMARA NEISY GUERI	RA LEYVA	
	Name of Contact Person		
	2780 SW 90TH AVENUE	Firm/ Company	
	- WITH A PROPERTY OF	Address	
	MIAMI FL 33165	. 1861.433	
		City/ State and Zip Cod	e
DA	YMARA.GUERRA@GMAIL.	COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
DAYMARA N GUERRA		at (	389-0215
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)		
Corporation (if known)		
Florida Profit Corporation adopts the fo	ollowing ame	ndment(s) to
	***	
ompany," or "incorporated" or the abb professional corporation name must	reviation "Ce	orp"
<u> </u>		<del></del>
	2020 FEB 14 P	— ————————————————————————————————————
ess in Florida, enter the name of the	<u>.</u> 5	
et address)		
. Florida		
City)	(Zip Code)	<del></del>
ith and accept the obligations of the pos	sition.	
	Corporation (if known)  Clorida Profit Corporation adopts the formula professional corporated or the abbit professional corporation name must ess in Florida, enter the name of the entertain address)  The address of the entertain address of the en	Corporation (if known)  Clorida Profit Corporation adopts the following ame  The impany, "or "incorporated" or the abbreviation "Copprofessional corporation name must contain the sess in Florida, enter the name of the company.  The impany, "or "incorporated" or the abbreviation "Copprofessional corporation name must contain the sess in Florida, enter the name of the company.  The impany, "or "incorporated" or the abbreviation "Copprofessional corporation name must contain the sess in Florida, enter the name of the copprofessional corporation name of the coppro

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

Example:		ny simin, si tas un raut.	
X Change	PT	<u>John Doe</u>	
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	VP	NILIEN CRUZ PALENZUELA	2375 W OKEECHOBEE RD
Add			APT 23 HIALEAH FL 33010
X Remove			
2) Change		<u></u>	·
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or addi</u>	ng additi	onal Articles, enter change(s) here:	

E.	If amending or adding additional Ar	ticles, enter change(s) here:
	(Attach additional sheets, if necessary)	. (Be specific)

• • • • • • • • • • • • • • • • • • •	•				
<del></del>					
		-			<del></del> -
	<del></del>		<del></del>	<del></del>	
		<del></del>			
	<u>_</u>				
		· · · · · · · · · · · · · · · · · · ·		<del></del>	
	<u>.                                      </u>		<u>_</u>		
	<del></del>			<u> </u>	<del></del> -
				<u> </u>	
	<del></del>			<del></del>	
	<del>-</del>				<del>_</del>
		_ <u>_</u>			
		<u> </u>			
<del>-</del>				· · · · · · · · · · · · · · · · · · ·	
	<del></del>				
F. If an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if no	sification, or cancel of contained in the a	llation of issued shares amendment itself:	يا	
			<del></del>		_
			<del></del>	<del></del>	
	<del> </del>				_
	<u> </u>		<del></del>		_
		<del></del>		<u> </u>	_
			<u> </u>		_
			<u> </u>	<del></del>	_
		Page 3 of 4			
The date of each amendment(s) a date this document was signed.	doption: <u>\$///</u>	2020		, if oth	er than th
Effective date if applicable:	2/11/20 \$0				
		re than 90 days after	amendment file date)	<del></del>	_

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast ient for approval.	for the amendment(s)
☐ The amendment(s) was/were approving the separately provided for each	ed by the shareholders through voting groups. It has voting group entitled to vote separately on the	The following statement amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for appro	val
by		."
	(voting group)	<u></u> -
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopte action was not required.	I by the incorporators without shareholder action	and shareholder
Dated	111. 12020	
Signature\	Na h	
selected, b	or, president or other officer – if directors or off y an incorporator – if in the hands of a receiver, tiduciary by that fiduciary)	icers have not been rustee, or other court
	EIN CRUZ PALENZUELA	
	(Typed or printed name of person signing	g)
VI	CEPRESIDENT	
(Ti	le of person signing)	