## P22000037487

| (Re                                     | equestor's Name)   |                    |  |  |
|---|--------------------|--------------------|--|--|
| (Ad                                     | dress)             |                    |  |  |
| (Ad                                     | ldress)            |                    |  |  |
| (Cit                                    | ty/State/Zip/Phone | <del>&gt;</del> #) |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL               |  |  |
| (Bu                                     | ısiness Entity Nam | ne)                |  |  |
| (Do                                     | ocument Number)    |                    |  |  |
| Certified Copies                        | _ Certificates     | of Status          |  |  |
| Special Instructions to Filing Officer: |                    |                    |  |  |
|   | J. HORN            | NE                 |  |  |
|   | OCT 3 1            | 2022               |  |  |
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Office Use Only



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SECRETARY OF THE S

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## COVER LETTER

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TO: Amendment Section -

| Division of Corporations   |
|--|
| NAME OF CORPORATION: TRAVELS WITH KATHITING DOCUMENT NUMBER: P22000037487  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Name of Contact Person  TRavels With KAthi, Inc  Firm/Company  1246 Winking Willow Dr.  Address  Thinky FL 34655  City/State and Zip Code  Chaissy O Status Chic. Com.  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:   |
| Chaissy GAtum at (813) 376-8313  Name of Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |
| S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)  |
| Mailing Address Amendment Section  Street Address Amendment Section  |

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| • :  | of Amendment  to f Incorporation  of  ACLANGE TO                     |
|--|--|
| • • •  | ~// ~~   |
| Articles o   | of Amendment 2022. Illi  |
| Articles of  | f Incorporation  |
| A  | of Allandary 12:27   |
| TRAVELS WITH KAT   | 161  |
| (Name of Corporation as curre  | ently filed with the Florida Dept. of State)                         |
| <u> </u>   | 87   |
| (Document Number   | per of Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, t<br>is Articles of Incorporation:   | this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation   | ı:   |
|  | $\overline{}$  |
| ame must be distinguishable and contain the word "corporation,   | The new ." "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.''   |
| . Enter new principal office address, if applicable:   |  |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )   |  |
|  |  |
|  | Λ  |
| Enter new mailing address, if applicable:  | $\wedge$   |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |  |
|  |  |
|  |  |
|  |  |
| <ol> <li>If amending the registered agent and/or registered office a<br/>new registered agent and/or the new registered office addr</li> </ol> |  |
| new registered agent analog the new registered office adda   | VA   |
| Name of New Registered Agent   |  |
|  |  |
| (Florida   | la street address)   |
| New Registered Office Address:   | , Florida<br>(City) (Zip Code)                                       |
|  | (City) (Zip Code)  |
|  |  |
| lew Registered Agent's Signature, if changing Registered Ag  | gent:  |
| hereby accept the appointment as registered agent. I am famili   |  |
|  | ·  |
|  | N 17   |
| Signature of Mr.   | Do Projectional Agent of changing                                    |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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                      | <u>PT</u> | John Doe      |                            |
|-------------------------------|-----------|---------------|----------------------------|
| X Remove                      | <u>V</u>  | Mike Jones    |                            |
| X Add                         | <u>sv</u> | Sally Smith   |                            |
| Type of Action<br>(Check One) | Title     | <u>Name</u>   | <u>Addres</u> s            |
| 1) X Change                   | VP        | KAtherine Hei | Mtz 1246 WINDING WILLOW DA |
| Add                           |           |               | TRINITY, FL34653           |
| Remove 2)Change               | <u>_P</u> | Chlistine GAt | Tin 16456 FRENLOY RUN      |
| Add                           | •         |               | LANDO LAKES. FL34638       |
| Remove 3 ) Change             |           | <u> </u>      |                            |
| Add                           |           |               |                            |
| Remove                        |           |               | <del></del>                |
| 4) Change Add                 |           | <del></del>   | <del></del>                |
| Remove                        |           |               |                            |
| 5) Change                     |           |               |                            |
| Add                           |           |               |                            |
| Remove                        |           |               |                            |
| 6) Change                     |           |               |                            |
| Add                           |           |               |                            |
| Remove                        |           |               |                            |

|   | NA                                       |
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| an amendment provides for an exchange, reclassific  | cation, or cancellation of issued shares |
| provisions for implementing the amendment if not co | ontained in the amendment itself:        |
| (if not applicable, indicate N/A)                   | . ^                                      |
|   | $\Lambda ) / \uparrow$                   |
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| The date of each amendment(s) adoption:   | ther than |
|---|-----------|
| ffective 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 will not be locument's effective date on the Department of State's records.                                  | listed as |
| Adoption of Amendment(s) (CHECK ONE)  |           |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.   | older     |
| ☐ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                  |           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |           |
| by"   |           |
| (voting group)  |           |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |           |
| (Typed or printed name of person signing)   |           |
| (Typed or printed name of person signing)   |           |
| VICO PROSIDONT.   |           |
| (Title of person signing)   |           |

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