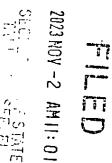
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A. BUTLER NOV 16 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Katherine R TRanspurtation IT
DOCUMENT NUMBER: P23000066043
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Delores Ramirez
Delores Ramirez Name of Contact Person Katherine R Transportation Inc Firm/ Company
7080 NW 179 ST AUT AUT
Hialech FL 33015 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status Certificate of Status Certificate of Status (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Katherine R Transp (Name of Corporation as currently	runtation Inc	
(Name of Corporation as currently	filed with the Florida Degrad State). 2	AM II: 02
P-2001066042	000.0	
(Document Number of	Corporation (if known)	STATE SEE, FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Horida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		٠.
		The new
name must be distinguishable and contain the word "corporation." "co". Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	ompany, or incorporated or the abbrevi professional corporation name must con	ation Corp stain the word
(Principal office address MUST BE A STREET ADDRESS)		
		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maining address SIAT BE A 1 OST OTTREE BOX)		
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	,
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	vet address)	
V D to a LOGO (I I to a	, Florida	
New Registered Office Address:		Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the positi	on.

Signature of New Registered Agent, if changing

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)

Remove

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 Doc 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: X Change	<u>PT</u>	John Doe
X Remove	V	Mike Jones
X Add	<u>SV</u>	Sally Smith
Type of Action (Check One) 1) Change Add	Title	Name Address DOLORES RAMIREZ HIGLEAH FL 3301 T
Remove 2) Change Add		
Remove Change Add		
Remove 4) Change Add		
Remove 5) Change Add		·.
Remove 6) Change Add		

ttach additional sheets, if necessary). (Be speci	fic)			
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an amendment provides for an exchange, recl	assification, or c	ancellation of iss	ued shares,	
provisions for implementing the amendment if	not contained in	the amendment	itself:	
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90 days a	tier amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	nutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately.	
"The number of votes east for the amendment(s) was/were suffic	ient for approval
by	
(voting group)	
10/26/23	
Dated 10126 3	
Signature De	
(By a director, president or other officer – if d selected, by an incorporator – if in the hands	irectors or officers have not been
appointed fiduciary by that fiduciary)	
Doluges	Person signing)
(Typed or printed name of	person signing)
Preside	~ \
(Title of person signing)	