P11000108675

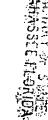
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T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IT Security One Solutions, Inc DOCUMENT NUMBER: P11000108675
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Irrizarri
IT Security One Solutions Inc
12155 SW 131 ST Avenue
Miami, 71 33186
City/ State and Zip Code JITIZATIO ITSECUTITYONE. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Trrizarri at 305 232-3313
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:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional Copy is enclosed) \$35 Filing Fee Certified Copy Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment 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

FILED 12 FEB -9 PM 12: 30

(Zip Code)

	Articles of Incorporation	12 FEB -9 PM 12: 30
IT Security One	Solutions Inc	SECRETARY OF STATE
P1100010867	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> ad	dopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co". A professional corpore	The new orated" or the abbreviation ation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		31 st Avenue 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	ох <u>12155 SW 13</u> <u>Міамі 171</u> :	1 st Avenue 33186
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ne of the
Name of New Registered Agent Pata	zicia terez	
1215	(Florida street address)	
New Registered Office Address: Muar	•	33186

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

Page 1 of 4

(City)

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: X Change	PT Jol	ın Doe	
X Remove	<u>V</u> <u>M</u> i	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DIR	Rebekah Zaiden	1141 SW 138 C+ Miami, 71 33184
2) Change Add Remove	DIR	Patricia Perez	12155 SW 13151 Avenue Miami ,71 33186
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	y). (Be specific)	(s) here:	
			
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an amendment provides for an e	xchange, reclassificati	<u>ion, or cancellation of issued sha</u>	
rovisions for implementing the a	mendment if not cont	ion, or cancellation of issued sha ained in the amendment itself:	
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an amendment provides for an e- rovisions for implementing the a (if not applicable, indicate N/A)	mendment if not cont	ion, or cancellation of issued sha ained in the amendment itself:	

The date of each amendment(s) ac	doption: 2/4/20/2
Effective date <u>if applicable</u> :	
meetive date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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	55
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
$_{\rm Dated}$ $2/2$	4/2012
Signature Q	rector, president or other officer – if directors or officers have not been
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Joseph Irrizarri (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)