L54419

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COVER LETTER

TO: Amendment Section Division of Corporations

	METRO DADE K	-9 SERVICES	
NAME OF CORPOR			
DOCUMENT NUMB	L54419 BER:		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Maria Guzman		
	METRO DADE K9 SERVIC	Name of Contact Person CES INC.	
	17940 SW 168 STREET	Firm/ Company	
	MIAMI, FLORIDA 33187	Address	
		City/ State and Zip Code	
MD	K9@ME.COM		
		ed for future annual report	notification)
	E-man address. (to be as	ed for fatally annual reports	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
For further information	n concerning this matter, pleas	e call:	
MARIA GUZMAN		305 at (378-9035
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

METRO DADE K9 SERVICES INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State) Pi 2:
L54419	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered." "professional association," or the a	I "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>X</u>)
D. If amending the registered agent and/or registernew registered agent and/or the new registered of	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Panietared Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Reg	(Florida street address), Florida (City) (Zip
Sion	ature 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)

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.

Mike Jones, v as Kemove	e, ana sai	uy əmun, ə	v as an Aaa.	
Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	<u>ies</u>	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
	VP		Maria Guzman	17940 SW 168 STREET
1) Change		_		MIAMI, FLA 33187
Add				
Remove				
2) Change		_		
Add				
Remove				<u></u>
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				,
Kelliove				
5) Change		_		
Add				
Remove				
				
6) Change				
Add				
Remove				

ch additional sheets, if necessary).	ticles, enter chang . (Be specific)				
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n amendment provides for an ex	<u>change, reclassifi</u>	cation, or can	<u>cellation of i</u>	ssued shares	3
ovisions for implementing the an	<u>nendment if not c</u>	<u>ontained in th</u>	<u>e amendmer</u>	it itself:	
(if not applicable, indicate N/A)					
		-			-
			 	- 	
<u> </u>					
			<u></u>		

11/01/2019 _____, if other than the The date of each amendment(s) adoption: date this document was signed. 11/01/2019 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 will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ 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 ☐ 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.

Signature

(By adirector, 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)

Aurelio Guzman

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)