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A. RAMSEY

OCT -1. 2024

## COVER LETTER

TO: Amendment Section Division of Corporations

Division of an i	•			
AME OF CORPORATION:	ALARM International, In	nc.		
ME OF CORPORATION:				
NOT OCUMENT NUMBER:	7000011622			
ne enclosed Articles of Amend	iment and fee are submitted	ed for fining.		
ease return all correspondence	e concerning this matter to	o the following:		
Levin Alford Sr				
	(N	fame of Contact Person)		
ALARM International, Inc.				
		(Firm/ Company)		
PO Box 5318		(Address)		
		(1.20.00.)		
Tallahassee, FL 32314				
	(1	City/ State and Zip Code)		
info@alarmministries.org	- Valencia de la vend	for future annual report no	tification	)
For further information conce	erning this matter, please	call:		
		850		343-9884
Kevin Alford Sr	(Name of Contact Person)	atat	a Code)	(Daytime Telephone Number)
			tment of	State:
Enclosed is a check for the f	ollowing amount made pa	syable to the Florida Depar	dileit or	_
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		enclosed)		itional Copy is osed)
			Enci	osca)
Mailing .	Address	Street	Address ment Sec	tion
Amendm	ent Section	Ameno Divisio	ment Sec in of Corp	porations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ALARM International, Inc.		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N07000011622		
(Document N	Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
$\sim 10^{-1}$		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" e	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:	I office address in Florida, en fice address:	ter the name of the
of New Registered Agent.	[-][A	
New Registered Office Address:	(Floria	la street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: am familiar with and accept the	obligations of the position.
	Signature of New Registered	d 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.

	•		
Example:  X Change X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>T</u>	Brenae Alford	PO Box 5318 Tallahassee, FL 32314
X Remove			
2) Change Add	<u>T</u>	Jerrod Stewart	PO Box 5318 Tallahassee, FL 32314
Remove 3) Change Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Areets, if necessary).	ticles, enter change(s) here: (Be specific)	
<del></del>	NIA		
	<u></u> .		

C	, if other than the
The date of each amendment(s) adoption:  September 16, 2024	
The date of each amendment(s) according	
date this document was signed.  October 1, 2024	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after tancounter)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as the
Note: If the date inserted in this block does not meet the approach.	
Note: If the date inserted in this block does not meet the product of state of the Department of State's records.	
COURTE ON ONE	
Adoption of Amendment(s) (CHECK ONE)	amendment(s)
Adoption of Amendment(s)  The amendment(s) was/were adopted by the members and the number of votes east for the	amenome
The amendment(s) was/were adopted by was/were sufficient for approval.	
was/were sufficient for approximation	

Dated	9/16/2024 
Signa	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	Charles Powell
	(Typed or printed name of person signing)

(Title of person signing)