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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FDV COMM DOCUMENT NUMBER: P01000086818		SECURITY, INC.
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
LUZ MARINA HE	RNANDEZ	
	Name of Contact Person	1
ACCOUNTING IN	NCOME TAX SI	ERVICES CORP.
	Firm/ Company	
5532 SW 164 PLA	ACE	
	Address	
MIAMI, FL 33185		
***************************************	City/ State and Zip Cod	2
jr@fdvcomm-security	com	
	ed for future annual report	notification)
2 1.1.1.1 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1	our rotare amain report	notification)
For further information concerning this matter, please	e call:	
JOHN L. RODRIGUEZ	_{et} 305	, 788-4142
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State;
\$35 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 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of An	nendment
to	<u></u> : : : : : : : : : : : : : : : :
Articles of Inco	prperation
FDV COMMUNICATIONS & SECURITY,	INC.
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P01000086818	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following antendment(s) to
A. If amending name, enter the new name of the corporation:	•
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	18520 NW 67 AVENUE, #368
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18520 NW 67 AVENUE, #368
	HIALEAH, FL 33015
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: f hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

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	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	T	RAFAEL E. ORTIZ ANDRADE	6200 NW 26 COURT
X Add	,		SUNRISE, FL 33313
Remove			
2) Change			
Add		•	
Remove			
3)Change	******		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ARTICLE VI - DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these of
Incorporation is (are):
RAFAEL E. ORTIZ, TREASURER, 100.00% SHARES OF STOCKS.
6200 NW 26 COURT, SUNRISE, FL 33313
F. If an amendment provides for an exchange, reclassification, or cancellation of issued 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) ac	option: JUNE 4, 2013	
Effective date if anniheable:	(no more than 90 days after amendment file date)	
	· ·	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendmen dicient for approval.	nt(s)
	roved by the sharehoiders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	me n t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,*	
	(voting group)	
action was not required. The amendment(s) was/were add	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	der
action was not required. Dated 6/	3/2013/	
(By a d	recor, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
· appons	of fiduciary by that fiduciary)	٠
	JOHN L. RODRIGUEZ	
,	(Typed or printed name of person/signing)	
	REGISTERED AGENT $/P\alpha$	
	(Title of person signing)	