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SECRETARY OF STATE
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ALJAN 27 ANII: 47

AN 30 2014

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	H&I SECU	RITY AN	ID PRO	TECTION SVC,	
DOCUMENT NUMBER	P. P.	200006	708		
The enclosed Articles of	Amendment and fee are su	bmitted for fili	ing.		
Please return all correspon	ndence concerning this mat	tter to the follo	wing:		
		GEOR	SINA ILI	LA	
<del>-</del>		Name of Co	ontact Person		
	900a.				
<del></del>	Firm/ Company				
34425 SW 187TH Ct					
			dress		
	HO	MESTE	AD, FL	33034	
		City/ State	and Zip Code		
	LO	CE4378	@AOL.	COM	
	E-mail address: (to be us	ed for future a	nnual report s	notification)	
For further information concerning this matter, please call:					
GEOF	RGINA ILLA	at (	305	<u>,</u> 247-7413	
Name of C	Contact Person		Area Cod	le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified (Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address			
Amendment Section		Amendment Section			
	of Corporations	Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee. FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of Incorporation

of

## H&I SECURITY AND PROTECTION SVC, INC

(Name of Corporation as	currently filed with the Fi				
	P02000067		····		
(Documer	nt Number of Corporation (if	known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the following	; amendme	nt(s) to
A. If amending name, enter the new na	me of the corporation;				
N/A				The new	
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "(	Co". A professional corporat	rated" or the ab	breviation	
B. Enter new principal office address. (Principal office address MUST BE A S.	if applicable:	N/A			
	,				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		14	SEO VISI
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	,	e of the	JAN 27 AM II: 4	ON OF CONTROL STATEMENT AND THE LARK DISC. STATEMENT AND THE CONTROL OF CONTR
Name of New Registered Agent GEORGINA ILLA			<del></del>		
	34425 SW 1877	TH Ct HOMESTE		7	101
New Registered Office Address:	(Florida stre <b>N/A</b>	et address) , Florida_			
-	(City)		(Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			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	<u>PT</u>	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Р	GEORGINA ILLA	34425 SW 187TH Ct
Add			HOMESTEAD, FL 33034
Remove			
2) Change	s	HUMBERTO ILLA	34425 SW 187TH Ct
Add			HOMESTEAD, FL 33034
Remove			
3) Change	••		
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>	-	
Remove			
I FUCITIONS			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(ac specific)
1/11/11/11/11/11/11/11/11/11/11/11/11/1	
	<u> </u>
	-
· · · · · · · · · · · · · · · · · · ·	
F. If an arrandonate monday for an arran	and the second s
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	

The date of each amendment	(s) adoption: 12/26/2013	, if other than the
date this document was signed.		, 11 odie1 dam die
Effective date if applicable:	12/26/2013	
Zinesine date <u>11 applicable</u> .	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	
by		
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	12/26/2013	
Signature	Dela	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	<b>-</b> ,
	GEORGINA ILLA	
	(Typed or printed name of person signing)	*****
	P	
	(Title of person signing)	man-