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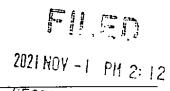


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POLICE K-9 SER	VICES CORP
DOCUMENT NUMBER: P03000011228	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
GUILLERMO SALMON	
	Name of Contact Person
POLICE K-9 SERVICES CO	
	Firm/ Company
11301 S Dixie Hwy #56540	L.
 "	Address
Miami, FL 33256-7223	
	City/ State and Zip Code
001/00/00/00/00/00/00/00/00/00/00/00/00/	4.11.004
POLICEK 9SER VICES@G: E-mail address: (to be u	sed for future annual report notification)
·	
For further information concerning this matter, plea	ase call:
GUILLERMO SALMON	at (786) 586-0572
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	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



POLICE KIR SERVICES CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State CRETARY OF STATE
P03000011228	IALL MARCHEN
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor-	rporation:
	The new
name must be distinguishable and contain the word "cor," Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
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 registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Businessed Office Address:	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	istered Agent: I am familiar with and accept the obligations of the position.
I hereby accept the appointment as registered agent.	i am jamiliar with and accept the obligations of the position.
Signat	ature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JOHN BOYAN	3555 CULVER RD
X Add			
Remove			ROCHESTER, NY 14622
2) Change		_	
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provi	des for an excl	nange, reclassificat	<u>ion, or cancellat</u>	ion of issued sha	ares,	
was mission was waste pri O'll	A! AL	ndment if not cont	ained in the am	endment itself:		
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The date of each amendment(s) ad	loption: 10-11-2021	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	iment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement '):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by GUILLERMO SALM		
	(voting group)	
Dated_10-11-2021 Signature		
selected	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary)	
	GUILLERMO SALMON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	