

P03000054508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

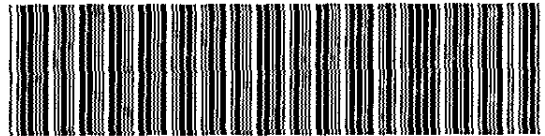
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200021908072

08/07/03--01007--005 \*\*35.00

RECEIVED  
03 AUG -7 AM 10:28  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 AUG -7 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. Coulllette AUG 07 2003

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ALLSTATE SECURITY SYSTEMS, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Amendment                              |
| <input type="checkbox"/>            | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

Examiner's Initials

ARTICLES OF AMENDMENT  
TO  
ARTICLE OF INCORPORATION  
OF  
ALLSTATE SECURITY SYSTEMS, INC.  
**DOC.#** P03000054508

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts The following articles of amendment to its articles of incorporation.

**FIRST:** Amendment(s) adopted: (Indicate the article number(s) being amended, added or deleted)

Amended:ARTICLE III-500 Shares---\$1.00---\$500.00

Deleted:ARTICLE VIII-Ramiro Cajigas---Vice President

Aded:ARTICLE VIII-Saily Hernandez-President-1782 SW 1st. ST  
& Treasury Miami FL 33135  
255 Shares---\$1.00----\$255.00

Amended:ARTICLE VIII Alejandro Cajigas- V.President-1782 SW 1st. ST  
VIII V.President & Secretary Miami FL 33135  
245 Shares---\$1.00----\$245.00

Deleted:ARTICLE:IX--PB&A Financial Services, Corp.

NEW: The registered agent and registered office:

Saily Hernandez  
Address: 18065 SW 142 Ct.  
Miami FL 33177

FILED  
03 AUG -7 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** If an amendment provides for exchange, or reclassification or cancellation of issued shares, provisions for implementation the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: 08/01/03

**FOURTH:** Adoption of Amendment(s) (check one)

X the amendment(s) was/were approved by the board of directors without shareholder action and shareholder action was not required.

Signature \_\_\_\_\_



Sally Hernandez-Director

I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE  
TO ACT IN THIS CAPACITY

Signature \_\_\_\_\_

