

PD4000027189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

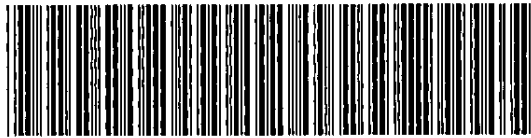
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

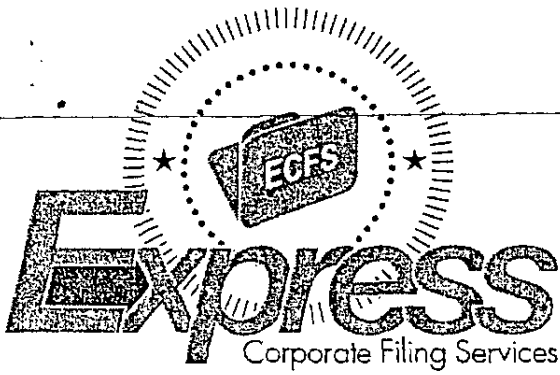


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08/09/12--01005--011 \*\*70.00

FILED  
12 AUG -9 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
@ 8/10/12



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

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

1. 123-LOCKSMITH CORP  
(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/ 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

*[Handwritten signature]*

ARTICLES OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
123- LOCKSMITH CORP  
P04000027189

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*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

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

**BOARD OF DIRECTORS AND OFFICERS**

WE WILL DELETE THE FOLLOWING DIRECTOR/OFFICER  
GINA PULGARIN  
SECRETARY/ DIRECTOR

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

**THIRD:** The date of each amendment's adoption: 08/08/12

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

- The amendments(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

Signed this 8 day of August, 2012



JHON J PULGARIN  
President/ Director

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG - 9 AM 11:33

FILED