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SECRETARY OF STATES

SEP 17 2013

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Amber's Pr BER: P0400008428	otective Service	es ·	
	s of Amendment and fee are su	•		
	espondence concerning this ma	·		
1 10000 1000111 011 0011		-		
	Tayron Sandoval	 	·	
	A	Name of Contact Person	n	
	Amber's Protectiv	<u> </u>		
	44000 !! 0	Firm/ Company		
	11330 Jim Court			
	Divontion El 22	Address		
	Riverview, FL 33	City/ State and Zip Cod		
			e	
<u>ch</u>	ristinesaldo@hotm			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	. on concerning this matter, pleas	e call:	•	
Tayron San	doval	at (813	, 731-3514	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status 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 Clifton Building 2661 Executive Center Circle		
	•	Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

18 SEP -9 PH 3: 10

Amber's Protective Service. In	IC .	SECRE	TADV ~-	15
(Name of Corporation as currently file	d with the Flori	da Dept. of State ALLA	ASSEE ELOS	[5]
P04000084286			our, reokt	DAL.
(Document Number of C	orporation (if kn	own)		,
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flo</i> o	rida Profit Corporation ad	lopts the following	g amendment(s)
A. If amending name, enter the new name of the cor	poration:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co"	. A professional corpora	rated" or the al tion name must c	obreviation contain the
B. Enter new principal office address, if applicable:	-			·
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>≀ESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- ? - - -			
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	d office address ffice address:	in Florida, enter the nan	ne of the	
Name of New Registered Agent Tayron	Sandoval		•	
11330 J	lim Court			
·	(Florida street a	nddress)	•	
New Registered Office Address: Rivervie	W	. Florida	33569	
new negistered Office Address.	(City)	, i londa_	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I Signature of New		esterd	s 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) X Change	<u>P</u>		Tayron Sandoval	11330 Jim Court
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	,
	,
	•
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and it is not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment itself.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 28 13	
Signature Signature	
(By a director, president or other officer – if directors or officers have not been	
selectéd, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appenned nationally by that readonally)	
1Ayron Jandoval	<u></u>
(Typed or printed name of person signing)	
resident	
(Title of person signing)	