P04000143005

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORF	ORATION: LOUKAN SECUR	ITY, INC.	
DOCUMENT NU	P04000143005		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	PETER J. SNYDER, ESQ.		
		Name of Contact Person	1
	PETER J. SNYDER, P.A.		
		Firm/ Company	
	4700 NW BOCA RATON B		
		Address	
	BOCA RATON, FL 33431		
		City/ State and Zip Cod	e
ne	nyder@lawinboca.com		
— 	•	sed for future annual report	notification)
	D man address. (10 be a	sed for fatare annual report	nonneuron,
For further informa	tion concerning this matter, pleas	se call:	
Peter J. Snyder		at (⁵⁶¹	de & Daytime Telephone Number
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
7 I F	Mailing Address Amendment Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LOUKAN SECURITY, INC.		
(Name	of Corporation as currently	iled with the Florida Dept. of State)
P04000143005		
	(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Ce	" "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address,		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
		2001 N
C. Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
		500 8
D. If amending the registered agent ar	ıd/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	PETER J. SNYDER, ESQ.	
Nume of New Regimereu Agent	4700 NW BOCA RATON B	
	(Florida stree	
	BOCA RATON	33431
New Registered Office Address:		, Florida
	(C	ity) (Zip Code)
	,-	(<u> </u>
New Registered Agent's Signature, if c	hanging Registered Agent:	
		h and accept the obligations of the position.
·	Val 1/1	
.	Signature of New Hes	ristered Agent, if changing

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PST	NAJI C EL-KADI	
Add X Remove			
2) Change	PST	JIHAN OMAR HAIDAR, personal re	c/o Peter J. Snyder, P.A.
X Add			4700 NW Boca Raton Blvd. #103
Remove			Boca Raton, FL 33431
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

he date of each amendment(s) te this document was signed.	adoption:	, if other than t
ffective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this ecument's effective date on the l	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	e will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/16/201	6	
Dated		
Signature		
	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	JIHAN OMAR HAIDAR, as personal representative of the Estate of Naj	i Chafic El-Kadi
	(Typed or printed name of person signing)	
	President	

IN 'THE CIRCUIT COURT FOR PALM BEACH COUNTY, FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No.:

NAJI CHAFIC EL-KADI

502016CP002325XXXXSB

Division: IY

Deceased.

LETTERS OF ADMINISTRATION (single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Naji Chafic El-Kadi, a resident of Palm Beach County, Florida, died on April 21, 2016, owning assets in the State of Florida, and

WHEREAS, Jihan Omar Haidar, Decedent's Spouse, has been appointed personal representative of the estate of the Decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare Jihan Omar Haidar duly qualified under the laws of the State of Florida to act as personal representative of the estate of Naji Chafic El-Kadi, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on $\frac{19}{2}$, 20

STATE OF FLORIDA . PALM BEACH COUNTY

I nereby certify that the foregoing /s a true copy as recorded in my office and the same is in full force and effect 4.

> DAY OF MUN .20 SHARON R. BOCK

CIRCUIT COURT JUDGE

Copies Furnished to PUTY

Peter J. Snyder, Esq., Peter J. Snyder, P.A., Attorney for Petitioner, 4700 NW Boca Raton Blvd., Suite 103, Boca Raton, FL 33431; psnyder@lawinboca.com; eService@lawinboca.com

Estate must be closed // months from the date of order