

| (Requestor's Name)                      |
|-----------------------------------------|
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| <del>-</del>                            |
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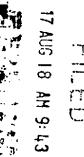


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R. W. W. B



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA           | ATION: PROTECTSA INC          |                                  |                               |                                      |
|---------------------------|-------------------------------|----------------------------------|-------------------------------|--------------------------------------|
| DOCUMENT NUMBI            | ER:                           |                                  |                               |                                      |
|                           | f Amendment and fee are su    | bmitted for filin                | g.                            |                                      |
| Please return all corresp | ondence concerning this ma    | tter to the follow               | ring:                         |                                      |
| J                         | IUAN C GUIARDINU              |                                  |                               |                                      |
| <del>-</del>              | <del></del>                   | Name of Cor                      | ntact Persor                  | 1                                    |
| ;                         | PROTECTSA INC                 |                                  |                               |                                      |
| <u>-</u>                  |                               | Firm/ Co                         |                               | <del>-</del>                         |
|                           | 4821 WEST 4TH AVE             | rim/ C                           | ompany                        |                                      |
| _                         | TOTAL TOTAL                   |                                  |                               |                                      |
|                           |                               | Add                              | ress                          |                                      |
| <u> </u>                  | HALEAH. FL 33012              |                                  |                               |                                      |
| _                         |                               | City/ State at                   | nd Zip Code                   | e                                    |
| info@                     | protectsa.com                 |                                  |                               |                                      |
|                           | E-mail address: (to be us     | sed for future an                | nual report                   | notification)                        |
|                           |                               |                                  |                               | ,                                    |
| For further information   | concerning this matter, pleas | se call:                         |                               |                                      |
| JUAN C GUIARDINU          | J                             | at (                             | 786                           | 426 2979                             |
| Name o                    | ai (_                         | Area Co                          | de & Daytime Telephone Number |                                      |
| Enclosed is a check for   | the following amount made     | payable to the F                 | lorida Depa                   | artment of State:                    |
|                           |                               | _                                |                               | _                                    |
| \$35 Filing Fee           | □\$43.75 Filing Fee &         | □\$43.75 Fili                    |                               | □\$52.50 Filing Fee                  |
|                           | Certificate of Status         | Certified C<br>(Additional       |                               | Certificate of Status Certified Copy |
|                           |                               | enclosed)                        | copy is                       | (Additional Copy                     |
|                           |                               |                                  |                               | is enclosed)                         |
| Mail                      | ing Address                   |                                  | Street                        | Address                              |
| Amei                      | ndment Section                | Street Address Amendment Section |                               |                                      |
| Divis                     |                               |                                  | on of Corporations            |                                      |
|                           | Box 6327                      |                                  |                               | Building                             |
| Talia                     | 2661 Executive Center Circle  |                                  |                               |                                      |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 17 AUG 18 AM 9: 43

| PROTECTSA INC                                                                                           |                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation                                                                                    | as currently filed with the Florida Dept. of State)                                                                              |
| P05000039586                                                                                            | ·                                                                                                                                |
| (Documen                                                                                                | nt 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 corp                                                     | oration:                                                                                                                         |
|                                                                                                         | The new                                                                                                                          |
|                                                                                                         | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the |
|                                                                                                         | 9802 NW 80th AVE Unit 27D.                                                                                                       |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.) | ESS ) Miami Lakes, Fl. 33016                                                                                                     |
|                                                                                                         |                                                                                                                                  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                 | , ps/H                                                                                                                           |
|                                                                                                         |                                                                                                                                  |
|                                                                                                         |                                                                                                                                  |
|                                                                                                         |                                                                                                                                  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of |                                                                                                                                  |
| -1.                                                                                                     | nec address.                                                                                                                     |
| Name of New Registered Agent P                                                                          | <u> </u>                                                                                                                         |
|                                                                                                         |                                                                                                                                  |
|                                                                                                         | (Florida street address)                                                                                                         |
| New Registered Office Address:                                                                          | , Florida                                                                                                                        |
|                                                                                                         | (City) (Etp Code)                                                                                                                |
|                                                                                                         |                                                                                                                                  |
| New Registered Agent's Signature, if changing Regist                                                    | tered Agent:                                                                                                                     |
| I hereby accept the appointment as registered agent. I d                                                | am familiar with and accept the obligations of the position.                                                                     |
|                                                                                                         |                                                                                                                                  |
|                                                                                                         |                                                                                                                                  |
| Ciana                                                                                                   | ure of New Registered Agent if changing                                                                                          |
| Nonan                                                                                                   | иге он меж вераметей мурна, и снануту                                                                                            |

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                      | <u>Y</u>     | Mike Jo  | <u>ones</u>        |                          |
| X Add                         | <u>sv</u>    | Sally Si | mith               |                          |
| Type of Action<br>(Check One) | <u>Title</u> |          | <u>Name</u>        | Address                  |
| 1) Change                     | V            |          | SERGIO LUIS RENDON | 16051 BLATT BLVD APT 111 |
| X Add                         |              |          |                    | WESTON, FL 33326-1458    |
| Remove                        |              |          |                    | ,                        |
| 2) Change                     |              |          |                    |                          |
| Add                           |              |          |                    |                          |
| Remove                        |              |          |                    |                          |
| 3) Change                     |              | _        |                    |                          |
| Add                           |              |          |                    |                          |
| Remove                        |              |          |                    |                          |
| 4) Change                     |              | _        | ·                  |                          |
| Add                           |              |          |                    |                          |
| Remove                        |              |          |                    |                          |
| 5) Change                     |              | _        |                    |                          |
| Add                           |              |          |                    | <del></del>              |
| Remove                        |              |          |                    |                          |
| 6) Change                     |              |          |                    |                          |
| Add                           |              |          |                    |                          |
| Remove                        |              |          |                    |                          |

|                                                                          | icles, enter change(s) here: (Be specific)                 |  |
|--------------------------------------------------------------------------|------------------------------------------------------------|--|
| 1/4                                                                      |                                                            |  |
| <u> </u>                                                                 |                                                            |  |
|                                                                          |                                                            |  |
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|                                                                          |                                                            |  |
|                                                                          |                                                            |  |
| If an amendment provides for an excl                                     | hange, reclassification, or cancellation of issued shares, |  |
| annuiciona for implementing the eme                                      | anument if not contained in the amendment usen.            |  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| provisions for implementing the ame                                      |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |
| (if not applicable, indicate N/A)                                        |                                                            |  |

|                                                                    | 07/08/2017                                                                                                                                         |                           |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| The date of each amendment(s) date this document was signed.       | adoption:                                                                                                                                          | , if other than the       |
|                                                                    | 7/08/2017                                                                                                                                          |                           |
| Effective date <u>if applicable</u> :                              | (no more than 90 days after amendment file date)                                                                                                   | <del></del>               |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, this date Department of State's records.                                       | will not be listed as the |
| Adoption 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): | r                         |
| "The number of votes co                                            | ast for the amendment(s) was/were sufficient for approval                                                                                          |                           |
| by                                                                 | (voting group)                                                                                                                                     |                           |
| • ————                                                             | (voting group)                                                                                                                                     |                           |
| ☐ The amendment(s) was/were action was not required.               | adopted by the board of directors without shareholder action and shareholder                                                                       |                           |
| The amendment(s) was/were a action was not required.               | adopted by the incorporators without shareholder action and shareholder                                                                            |                           |
| 08/08/20<br>Dated                                                  | 017                                                                                                                                                |                           |
| isaica                                                             | '.                                                                                                                                                 |                           |
| Signature                                                          | ( )                                                                                                                                                |                           |
| (By                                                                | a director, president or other officer - if directors or officers have not been                                                                    | <del></del>               |
|                                                                    | cted, by an incorporator - if in the hands of a receiver, trustee, or other court                                                                  |                           |
| арро                                                               | ointed fiduciary by that fiduciary)                                                                                                                |                           |
|                                                                    | JUAN C GUIARDINU                                                                                                                                   |                           |
|                                                                    | (Typed or printed name of person signing)                                                                                                          |                           |
|                                                                    | PRESIDENT                                                                                                                                          |                           |
|                                                                    | (Title of person signing)                                                                                                                          |                           |