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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: POLICE TRADING INC  DOCUMENT NUMBER: P05000088421			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	SILVIA VILA		,
	ELAN BUSINESS	Name of Contact Person	
		Firm/ Company	
	1116 CEDAR FA	LLS DR	
	MICOTON EL OCI	Address	<del>,</del>
	WESTON, FL 33:		
		City/ State and Zip Code	
SV	ILA@ELANSERV		
	E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please call:			
SILVIA VILA		<sub>at (</sub> 954	217-6080
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee	☐\$43.75 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)
Amo Divi P.O.	ching Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussec, FL 32301

#### **Articles of Amendment** to Articles of Incorporation

## FILED 14 DEC -4 AM 9: 14 ANGELSE STATE

### POLICE TRADING INC

TO ADITO ITO	HAULANASSILL FIL	į
ame of Corporation as currently filed with the		١

P05000088421	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation  B. Enter new principal office address, if applicable:	"Co". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33314
C. Enter new mailing address, if applicable:	5411 STIRLING ROAD
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	DAVIE, FL 33314
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s.	treet address)
New Registered Office Address:	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registered	Agent, if changing

If amending the Officer's 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	LOPEZ, AMPARO Y	5411 STIRLING ROAD
Add			DAVIE, FL 33314
Remove			
2) Change	VP	CEVALLOS, DIANA C.	5411 STIRLING ROAD
Add		,	DAVIE, FL 33314
Remove			
3) Change	T	CEVALLOS, CARLOS M.	5411 STIRLING ROAD
Add			DAVIE, FL 33314
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		,	
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
,	
3.00	
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;

The date of each amendment(s) date this document was signed.	adoption: 11/21/2014	, if other than the
_	1/21/2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_11/21/2	2014	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	CARLOS M. CEVALLOS	
	(Typed or printed name of person signing)	_
	TREASURER	
	(Title of person signing)	