## P05000099009

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Metro 1 Fire	Systems, Inc	
DOCUMENT NUMBER: P05	000099009		
The enclosed Articles of Amenda	ment and fee a	re submitted for filing.	
Please return all correspondence	concerning thi	s matter to the following:	
Stefania Picca			<del></del> -
	(Name o	of Contact Person)	
Metro 1 Fire Sy	stems, Inc		
	(Fir	rm/ Company)	•
P.O. Box 6812			· 
		(Address)	<del></del>
Fort Myers, FL 3	3911		
	(City/ S	tate and Zip Code)	
For further information concerni	ng this matter,	please call:	
Stefania Picca (Name of Contact Pers	son)	at ( 239 ) 337-1311 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the follo	·	·	
\$35 Filing Fee \$\sqrt{\$43.75 F}\$  Certifica	iling Fee & te 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ı.	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	ie

Tallahassee, FL 32301

OS DEC-1 AM 9:56
TALLAHASSEE. FLORIDA

## Articles of Amendment to Articles of Incorporation of

Metro 1 Fire Systems, Inc					
(Name of corporation as currently filed with the Florida Dept. of State)					
P05000	099009				
(Document number of corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:					
Must contain the word "co A professional corporation	prporation," "c n must contain	ompany," or "incorporated the word "chartered", "pre	I" or the abbreviation "Corp.," "Inc.," or "Co.") ofessional association," or the abbreviation "P.A.		
		OTHER THAN NAM ded, added or deleted:	<b>1E CHANGE)</b> Indicate Article Number (BE SPECIFIC)		
P05000099009	Add	Joseph Bennett	Secretary(tile)		
<u> </u>					
·					
		<u> </u>			
		(Attach additional pages	if necessary)		
If an amendment provi for implementing the a	ides for excl	hange, reclassification if not contained in the	, or cancellation of issued shares, provis amendment itself: (if not applicable, indica		

(continued)

The date of each amendment	(s) adoption: 11/21/05
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
<del></del>	(voting group)
	was/were adopted by the board of directors without shareholder action ion was not required.
The amendment(s) shareholder action v	was/were adopted by the incorporators without shareholder action and was not required.
select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)  SEFAMIA PCOA  (Typed or printed name of person signing)
<del></del> -	(Title of person signing)

FILING FEE: \$35