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AUG 0 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Protection & Inves	tigative Solutions, Inc				
DOCUMENT NUME	BER: P08000064671					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this mat	tter to the following:	:			
	Anthony E. Davila					
	Name of Contact Person					
	Protection & Investigative Sc	olutions, Inc				
		Firm/ Company				
	3224 NW 7 Street					
		Address				
	Miami, Florida 33125					
		City/ State and Zip Code				
	<u> </u>					
peter	@ascmiami.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Peter A. Davila	,	at (<u>786</u>	356-6956			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
P08000064671		
(Document Number	r of Corporation (if known)	*:G 20
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the follo	owing amendment
A. If amending name, enter the new name of the corporation:		
N/A		The enew
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	" "Co". A professional corporation name n	
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered office ad	Idress in Florida enter the name of the	
new registered agent and/or the new registered office addre	ess:	
Name of New Registered Agent N/A		
(Florida	street address)	
New Registered Office Address:	Florida	
		(Zip Code)
New Registered Office Address:	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the positi	ion.
Signature of New	v Registered 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.

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>	<u>Addres</u> s				
1) Change	<u>s</u>	Joseph M. Castellano	1990 East Sunrise Blve				
Add			Sunrise, FL 33304				
X Remove							
2) Change	S	Eveling J. Pineda	3224 NW 7 Street				
X Add			Miami, Florida 33125				
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove			-				
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

. If amending (Attach <i>additi</i>	or adding addition ional sheets, if nece	nal Articles, en ssarv). (Be si	iter change pecific)	(<u>s) here</u> :			
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. <u>If an amend</u>	lment provides for	an exchange, 1	reclassificat	ion, or can	cellation of iss	sued shares,	
provisions (if not	for implementing applicable, indicate	the amendmen	t it not con	tained in the	<u>e amendment</u>	itseii:	
(<i>l) 1101</i> (applicable, malcule	. 14/21)					
					<u></u>		<u> </u>
				-			
		 -					

	07/23/2014	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	3/2014	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	t(s)
☐ The amendment(s) was/were appropriately provided for a	oved by the shareholders through voting groups. The following statements on the amendment(s):	nent
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
7	(voting group)	
action was not required.	sted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/were adoption was not required.	nted by the incorporators without shareholder action and shareholder	
action was not required.		
07/23/2015 Dated		
Signature	Contact de	
(By a di	ector, president/or other officer if directors or officers have not been	
	by an incorporator - if in the hands of a receiver, trustee, or other co	urt
appointe	ed fiduciary by that fiduciary)	
-	HWATTONY E DAVIL	. A
	(Typed or printed pame of person signing)	
_	YCES, DENT	
	(Title of person signing)	