Po9000031898

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ANASSEE, FLORID

1/24/09

COVER LETTER

TO: Amendment Section

Division of Corporations NORTH STAR Protection, Tuc NAME OF CORPORATION: P09 0000 31898 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RALPH @ NORTHSTAR PROTECTION. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of NORTH STAR Protection, Fic. (Name of Corporation as currently filed with the Florida Dept. of State) P 09 0000 318 98

(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:

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	ne designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicabl (Mailing address <u>MAY BE A POST OFF</u>		
D. If amending the registered agent and/or new registered agent and/or the new reg		orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ss)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		ccept the obligations of the position.
_	Signature of New Registered Age	ent. 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)

<u>Title</u>	. Name	Address	Type of Action
EVP	LAURA J. ESPINOLA	4608 pw 14 AVE UNIT 1109 DORAL, FL 33178	
	nding or adding additional Articles, ente additional sheets, if necessary). (Be spe		
provis	amendment provides for an exchange, resions for implementing the amendment in finite applicable, indicate N/A)		

The date of each amendment(s)	adoption: 7/17/09
Effective date <u>if applicable</u> :	(date of adoption is required) 7/17/09
	o more than 90 days after amendment file date)
4.2. 6.4	
Adoption of Amendment(s)	(CHECK ONE)
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 or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
(ve	oting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	7/17/09
Signature	- Company of the Comp
selecte	director, president or other officer I if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	RAFAEL AguiLMR
_	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)