910000010133

| (| Requestor's Name) | |
|----------------------|----------------------|-------------|
| | | |
| (| Address) | |
| | | |
| (| Address) | |
| | | |
| (| City/State/Zip/Phone | e #) |
| | ☐ WAIT | MAIL |
| | | L. WALL |
| | | |
| (| Business Entity Nar | ne) |
| | | |
| (| Document Number) | |
| | | |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions | to Filing Officer | |
| | 10 1 mmg Cm00n | |
| | | |
| | | ŀ |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200227836072

04/20/12--01032--011 **43.75

Amens

SECRETARY OF STATE STATE OR BUT ANALYSIS FE FELORID.

APR 23 1012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: All County Fire Protection, Inc. DOCUMENT NUMBER: P10000010133 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan Torres Name of Contact Person All County Fire Protection, Inc. Firm/ Company 3285 NW 30 Street Address Miami, FL 33142 City/ State and Zip Code allcountyfireprotection@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan Torres Name of Contact Person 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 Certified Copy (Additional copy is (Additional Copy enclosed) 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**

| FA | ED |
|---------------------|---------------|
| -12 APD - | Section Const |
| -12 APR 20 SECRE | PM 2: 41 |

All County Fire Protection, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) LAHASSEE FLORIDA

P10000010133

(Document Number of Corporation (if known)

nt(s) to

| | | The new |
|---|---|--|
| ' "Inc," or "Co". A bbreviation "P.A." | | ted" or the abbreviation on name must contain the |
| RESS) | | |
| | | |
| <u> </u> | | ., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | |
| | orida, enter the name | of the |
| ince address: | | |
| ************************************** | | |
| (Florida street addres | ss) | |
| | , Florida | |
| (City) | | (Zip Code) |
| stered Agent: | | |
| | | (Zip Code) f the position. |
| | d office address in Fifice address: (Florida street address (City) | d office address in Florida, enter the name office address: (Florida street address) , Florida |

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> Joh | nn Doe | |
|----------------------------|----------------------|--------------------|--------------------------------------|
| X Remove | <u>V</u> <u>Mi</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sal</u> | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>s</u> | Hiram R. Hernandez | 3285 NW 30 Street Miaml, FL 33142 |
| 2) Change Add Remove | · | | |
| 3) Change Add Remove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | · | |
| 6) Change Add Remove | | | |

| | 2. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | |
|-------------|--|--|--|--|
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| <u> </u> | | | | |
| | | | | |
| | · | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| If o. | amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: | | | |
| pro | (if not applicable, indicate N/A) | | | |
| pro | (if not applicable, indicate N/A) | | | |
| pro | (if not applicable, indicate N/A) | | | |
| pro | (if not applicable, indicate N/A) | | | |
| pro | (if not applicable, indicate N/A) | | | |
| pro | (if not applicable, indicate N/A) | | | |

| The date of each amendment(s) | adoption: 4/20/2012 |
|---|---|
| Effective date if applicable: 4/ | 20/2012 |
| | (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 s | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |
| | oproved 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 | it for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| The amendment(s) was/were ac 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 4/20/2 | 2012 |
| Signature X | In Time |
| (ny a 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 nted fiduciary by that fiduciary) |
| | Juan Torres |
| | (Typed or printed name of person signing) |
| | Treasurer |
| | (Title of pareur signing) |