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OCT 20 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BRASS PR ER: P1000008227	ROTECTIVE GR	OUP,INC	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
	MICHAEL BENC	ОМО		
-		Name of Contact Person	1	
	BRASS PROTEC	CTIVE GROUP,I	NC	
•		Firm/ Company		
	3939 NW 7 ST.	SUITE 207		
•	•	Address		
	MIAMI,FL 33126			
-		City/ State and Zip Cod	2	
AC	OTAX44@YAHO	O.COM		
,		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MICHAEL BE	NCOMO	at (305	797-4555	
Name o	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street Address Amendment Section Division of Corporations		

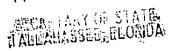
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

74 OCT 10 PH 1:00

Articles of Amendment ťΩ Articles of Incorporation of



BRASS PROTECTIVE GROUP INC.

2.5.00	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P10000082273	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 1006. Florida Statutes, this Florida Profit Corneration adopts the following	0200

ant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 3939 NW 7 ST STE # 207 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) **MIAMI, FL 33126** C. Enter new mailing address, if applicable: 3939 NW 7 ST. STE # 207 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33126 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				
Add Remove				
2) Change		_		
Add Remove				
3) Change				
Add Remove				
4) Change				
Add Remove				
5) Change		-		
Add				
Remove 6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) /A	IONE	additional sheets, if nece	ssury). (De s	pecific)			
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/A		**************************************					
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	provis (if	ions for implementing	the amendmei	reclassification	or cancellation	of issued share lment itself:	<u>S</u>

The date of each amendment(s) adoption: 9/26/2014	, if other than the
date this document was signed.	 ,
Effective date if applicable: IMMEDIATE	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 100.00 %	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_09/26/2014	
Signature CMB	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHAEL BENCOMO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	