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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Undercove DOCUMENT NUMBER: P1100009584	er Security & Detective Bureau 48
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	atter to the following:
James M Carvaj	al
	Name of Contact Person
Undercover Sec	urity & Detective Bureau
	Firm/ Company
3819 SW 1 Stree	et
	Address
Coral Gables,FL	33134
	City/ State and Zip Code
jamescarvajal008@	hotmail com
• • • • • • • • • • • • • • • • • • •	used for future annual report notification)
2	
For further information concerning this matter, plea	ase call:
James M Carvajal	at (305) 586-7529
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Undercover Security & Detective Inc	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P11000095848	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Phantom Intelligence & Security Inc	TI
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3819 Sw 1 Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Coral Gables, Fl 33134 55 75
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FILED APR 23 PH 2: 3 FILED APR 25 PH 2: 3 FILED APR 26 PH 2: 3 FILED APR 27 PH 2: 3
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et 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 w	ith 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.

X Change	PT J	ohn Doe		
X Remove	<u>v</u> <u>n</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove			 	
4) Change Add Remove	<u></u>			
5) Change Add Remove				
6) Change Add Remove		 		

E. <u>If a</u> (a <i>tt</i>	mending or adding additional Art tach additional sheets, if necessary).	icles, enter change((Be specific)	s) here:		
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. <u>If a</u> <u>pr</u>	an amendment provides for an exchange ovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati ndment if not conta	on, or cancellat	ion of issued shar endment itself:	res,
			<u> </u>		
				• • • • • • • • • • • • • • • • • • • •	

	11/13/17
The date of each amendment(s)	•
Effective date <u>if applicable</u> : O	04/13/2012
	(no more than 90 days after amendment file date)
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 for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting 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
Dated 04/13	3/2012
(By a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	JAMES M. CARVAjal
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)