

P110000101602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

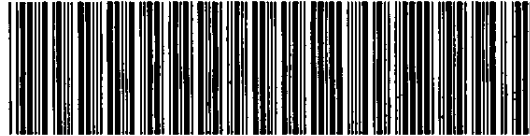
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
16 MAY 13 PM 4:39

MAY 16 2016

C McNAIR

MAY 03 2016

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DIVISION OF CORPORATIONS  
16 MAY 13 PM 4: 29

May 3, 2016

BOB MILLER  
MILLER SERVICES  
2026 SW 1 ST. #3  
MIAMI, FL 33135

SUBJECT: GOLDEN SECURITY GUARD PROTECTIVE SERVICE INC  
Ref. Number: P11000101602

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If amending the Officers please check which action to be taken on each officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 016A00009150

RECEIVED  
16 MAY 13 PM 2:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 13 PM 1:29

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GOLDEN SECURITY GUARD PROTECTIVE SERVICE INC.

**DOCUMENT NUMBER:** P11000101602

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOB MILLER

Name of Contact Person

MILLER SERVICES

Firm/ Company

2026 SW 1 ST. #3

Address

MIAMI FL. 33135

City/ State and Zip Code

AMERICAN222@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB MILLER

Name of Contact Person

at ( 786 ) 587-4622

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 &  
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  
Tallahassee, FL 32314

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY 13 P11 4:39

Articles of Amendment  
to  
Articles of Incorporation  
of

GOLDEN SECURITY GUARD PROTECTIVE SERVICE INC.

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

P11000101602

(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:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new 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."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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 N/A

(Florida street address)

New Registered Office Address: N/A, 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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D	JUAN MARTINEZ	2026 SW 1 ST.
<input type="checkbox"/> Add			MIAMI FL. 33135
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	D	DAYSIR. MORA	2026 SW 1 ST.
<input type="checkbox"/> Add			MIAMI FL. 33135
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	D	PEDRO MEDINA	2026 SW 1 ST.
<input checked="" type="checkbox"/> Add			MIAMI FL. 33135
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**  
*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. 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)*

N/A

The date of each amendment(s) adoption: 4-26-16, if other than the date this document was signed.

Effective date if applicable: 4-26-16  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 \_\_\_\_\_  
(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 4-26-16

Signature \_\_\_\_\_

(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)

PEDRO MEDINA

(Typed or printed name of person signing)

PRESIDENT DIRECTOR

(Title of person signing)