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Amend

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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

FFR 13 7017

T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Fynix S	ecurity, Inc.	
DOCUMENT NUMB	D420000040	)43	
		harited for filling	
The enclosed Arncies (	of Amendment and fee are su	omitted for fitting.	
Please return all corres	pondence concerning this mat	tter to the following:	
_	Mary Lopreto		
		Name of Contact Person	1
	Fynix Security,		
	4040 01441	Firm/ Company	
-	4618 SW Long	<del></del>	
	D 1 0'' EL '	Address	
	Palm City, Flori		
		City/ State and Zip Code	e
<del>- 1.00-0-1</del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
John D. Ber	nson, Esq.	at (954	684-8207
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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation

FIL	
12 FEB ID	
12 FEB 10 PA	112:28

Fynix Security, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State P12000004043 (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: 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." 4618 SW Long Bay Dr. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Palm City, FL 34990 C. Enter new mailing address, if applicable: 4618 SW Long Bay Dr. (Mailing address MAY BE A POST OFFICE BOX) Palm City, FL 34990 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: Mary Lopreto Name of New Registered Agent 4618 Long Bay Dr. (Florida street address) Palm City 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.

Mary Lopeto
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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add XX Remove	P/D	Anthony Lopreto	4618 SW Long Bay Dr. Palm City, FL 34990
2) Change Add Remove	P/D/Inc	Mary Lopreto	4618 SW Long Bay Dr. Palm City, FL 34990
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	
provisions for implementing the amen (if not applicable, indicate N/A)	unge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
anceliation of all share	es issued to Anthony Lopreto
eissue of all shares to	Mary Lopreto
,	

The date of each amendment(s) adoption: January 16, 2012
Effective date if applicable: January 16, 2012
(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"  (voting group)
(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
Signature author Zopret
(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)
Anthony Lopreto
(Typed or printed name of person signing)
Incorporator
(Title of person signing)