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02/15/17--01004--005 **43.75

2017 FED 15 PH 3: 39

Amend

FEB 1720

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Security & Informa	ation Management, Inc.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Roxana Perez Arias			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1	
	Security & Information Management. Inc.			
		Firm/ Company		
	6175 NW 153RD ST. SUITE	• •		
		Address		
	MIAMI LAKES, FL 33014			
	99,	City/ State and Zip Code	<u> </u>	
MGN	HEALTHCARE@OUTLOO	K.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
	n concerning this matter, pleas		770 4650	
ROXANA PEREZ A		at (
Name (of Contact Person	Area Co-	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment 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)	
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

		Amendment
		Amendment to neorporation of
		or The Control of the
Security & Information Management. Inc		
	of Corporation as curren	ntly filed with the Florida Dept. of State)
12000029669	(Danumant Number	of Composition (if thrown)
	•	of Corporation (if known)
rsuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s
·		
. If amending name, enter the new na	ame of the corporation:	
!/A	 	The new
ame must be distinguishable and con Corp., " "Inc., " or Co., " or the design ord "chartered," "professional associa	uation "Corp." "Inc." or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 1"P.A."
Enter new principal office address	if applicables	6175 NW 153RD ST. SUITE 328
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		MIAMI LAKES, FL 33014
Enter new mailing address, if appli (Mailing address MAY BE A POST)		6175 NW 153RD ST. SUITE 328
		MIAMI LAKES, FL 33014
		ldress in Florida, enter the name of the
new registered agent and/or the new registered offic ROXANA PERI		
Name of New Registered Agent		LITE 228
Name of New Registered Agent	6175 NW 153RD ST. SU	
Name of New Registered Agent New Registered Office Address:	6175 NW 153RD ST. SU	UITE 328 street address) Florida 33014

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	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	BREWSTER, ANNABEL	P.O. BOX 822806
Add			PEMBROKE PINES, FL 33082
X Remove			
2) Change	P	ROXANA PEREZ ARIAS	6175 NW 153RD ST. SUITE 328
X Add			MIAMI LAKES, FL 33014
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

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 nor applicable, indicate N/A) N/A	E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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)		
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(if not applicable, indicate N/A)	F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
		nument if not contained in the amendment itseri.
		<u> </u>
	 	
		

	01/02/2017	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed. N/A		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amenda fficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following state 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 add action was not required.	opted by the board of directors without shareholder action and share	holder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	er
01/10/2016 Dated	ELEZ RN	
(By a d	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	ROXANA PEREZ ARIAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	