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SECRETARY OF STATE
141 ANASSEE, FLORDA

MAY 0.5 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: INDEMNITY SEC	URITY & INVESTIGATIO	ONS, INC.	
DOCUMENT NUMBER:				
The enclosed Articles of An		omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
STE	VEN SARDUY			
		Name of Contact Person	<u> </u>	
INDI	EMNITY SECURITY &	INVESTIGATIONS, INC		
		Firm/ Company		
15800 PINES BLVD STE. 3038				
	<u></u>	Address		
PEM	IBROKE PINES, FL. 330			
		City/ State and Zip Code	<u> </u>	
		0.0, 0.000 and 2.p 0.000		
	DISIMIAMI.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information con	cerning this matter, pleas	e call:		
STEVEN SARDUY		at (4861289 de & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made p	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)	
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INDEMNITY SECURITY & INVESTIGATIONS, INC.

(Name o	of Corporation as curren	tly filed with the Florida De	pt. of State)
P12000059273			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new na	nme of the corporation:		
·			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation praction name must contain the
B. Enter new principal office address, if applicable:		15800 PINES BLVD STE. 3038	
(Principal office address MUST BE A S	TREET ADDRESS)	PEMBROKE PINES, FI	33027
C T			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15800 PINES BLVD ST	E. 3038
		PEMBROKE PINES, FI	33027
			-
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office addre	dress in Florida, enter the n	ame of the
Name of New Registered Agent	STEVEN SADDUV		
range of their neglistered rights	15800 PINES BLVD ST	E. 3038	<u> </u>
	(Florida s	treet address)	
New Registered Office Address:	PEMBROKE PINES		, Florida 33027
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	ıt:	
I hereby accept the appointment as regist			ons of the position.
	A -		4D
			<u> </u>
	Signature of New	Registered Agent, if changin	50

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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	P		STEVEN SARDUY	15800 PINES BLVD. STE. 3038
Add				PEMBROKE PINES, FL. 33027
Remove				
2) Change				
Add				
Remove				
3) Change	-			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	_			
Add				
Remove				
6) Change				
Add				
Domava				

famending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
			·
			
······			
f an amendment provides for an exch	ange, reclassification, or cancell	ation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in the ar	nendment itself:	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	;"	
•	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
4/24/2014 Dated		
Signature		
(By å select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	STEVEN SARDUY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	