P13000050991

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	(Document Number)	
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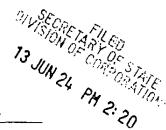
JUN 2 5 2013 T. BROWN

COVER LETTER

TO: Amendment Section _s Division of Corporations

NAME OF CORPORATION: PROFESSIONA	AL EMERGENCY MITIG	ATION SERVICES, INC.
DOCUMENT NUMBER: P1300005099)1	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
NELSON MARTI	NEZ	
	Name of Contact Person	1
PROFESSIONAL EN	MERGENCY MITIGA	ATION SERVICES, INC.
	Firm/ Company	
585 NE 121 ST		
	Address	
NORTH MIAMI, I	FL 33161	
	City/ State and Zip Cod	
PROFESSIONAL E	MS@YAHOO C	ΩM
	sed for future annual report	
· ·		
For further information concerning this matter, plea	se call:	
MADAY BOSCA	_{at (} 786	370-8769
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee \$\times \text{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	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building executive Center Circle

Articles of Amendment to Articles of Incorporation of



PROFESSIONAL EMERGENCY MITIGATION SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P13000050991 (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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) , Florida New Registered Office Address: (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. 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	<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	<u>P</u>	NELSON MARTINEZ	398 NE 79 ST
X Add			MIAMI, FL 33138
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemeve			
6) Change.			
Add			
Remove			

	cles, enter change(s) here: (Be specific)	
		_
		· · · · · · · · · · · · · · · · · · ·
		
If an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	es,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shared and the amendment itself:	es.
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shand and if not contained in the amendment itself:	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shand a shan	r <u>es,</u>
provisions for implementing the ame	ange, reclassification, or cancellation of issued shand and if not contained in the amendment itself:	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shand amend if not contained in the amendment itself:	es,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shand and if not contained in the amendment itself:	es,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shared amendment itself:	es,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	·es.
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	es,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	·es.
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	res,
provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	es.

he date of each amendment(s) adoption: 06/13/2013		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action 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	
Dated 06/18/	2013	
Signature	Welson Marline	
	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 inted fiduciary by that fiduciary)	
	NELSON MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT .	
	(Title of person signing)	