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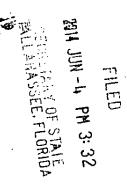
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A REAL L	LOCKSMITH INC.
DOCUMENT NUMBER: P140000232	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
JASON LIAGRI	E
A REAL LOCKS	Name of Contact Person SMITH INC.
- · · · · · · · · · · · · · · · · · · ·	Firm/ Company
817 NW 1ST S	TREET
	Address
FORT LAUDER	RDALE, FL 33311
<del></del>	City/ State and Zip Code
JASON@AREALL	OCKSMITH.COM
<del>-</del>	e used for future annual report notification)
For further information concerning this matter, ple	ease call:
JASON LIAGRE	at (954 ) 980-0325
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
P.O. BOX 6327 Tallabassee FI 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation

FILED

A REAL LOCKSMITH I	VC.		2014 1114 - 4	PM 3: 32
(Name of Corporation as	currently filed with the	he Florida Dept. of State)	321.00-1ARY	
P14000023201			MILAHASSE	E. FLORIDA
(Documer	nt Number of Corporation	on (if known)	19	•
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporation	adopts the following	g amendment(s)
A. If amending name, enter the new na	ime of the corporation	<u>:</u>		
N/A				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 corp on "P.A."	oration name must c	breviation
B. Enter new principal office address,	if applicable:	817.NW 1ST	STREET	
(Principal office address <u>MUST BE A S</u>		FORT LAUDE	ERDALE, FL	
		33311		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		817 NW 1ST	STREET	
		FORT LAUDE	ERDALE, FL	
	33311			
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	N/A	<del>adente</del>		
Name of New Negatierea Agent	N/A			
	(Florid	la street address)	<del></del>	
New Registered Office Address:	N/A	, Flor	<sub>ida</sub> N/A	
New Registered Office Address:		City)	(Zip Code)	

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>	Name	Address
1) Change	Р	BAHADIR BASBUG BODUR	817 NW 1ST STREET
Add			FORT LAUDERDALE, FL
Remove			33311
2) Change	CEO	JASON J. LIAGRE	817 NW 1ST STREET
Add			FORT LAUDERDALE, FL
Remove			33311
3) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	• • •
<del></del>	
· · · · · · · · · · · · · · · · · · ·	
<del> </del>	
·	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
SHARES TO BE DIVIDED:	
JASON LIAGRE - 50 OF 100	
BAHADIR BASBUG BODUR - 50	0 OF 100
	,

The date of each amendmen date this document was signed	t(s) adoption: N/A	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,,	
•	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_05/2	25/2014	
Dated		
<b>G</b> :	MAN Phinoso.	
Signature	By a director, president of other officer – if directors or officers have not been	<del></del>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	prointed fiduciary by that fiduciary)	
	JASON J. LIAGRE	
	(Typed or printed name of person signing)	<del></del>
	CEO	
	(Title of person signing)	<del></del>