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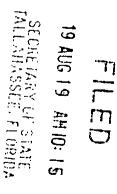
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COVER LETTER

TO: Amendment Section Division of Corporations

\$

NAME OF CORPORATION: Mister Security				
DOCUMENT NUMB	ER:			
The enclosed Articles of	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:		
(Gene M Gray			
_	·· · · · ·	Name of Contact Person		
3	Mister Security			
-	Firm/ Company			
2	2468 Wiley St			
-	Address			
i	Hollywood, Fl 33020			
-		City/ State and Zip Code	;	
ggholl	ywood23@gmail.com			
		sed for future annual report	notification)	
	(······································	
For further information	concerning this matter, pleas	se call:		
Gene M Gray		at (02)	
Name o	Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State:	
S35 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Mister Security				
(Name o	of Corporation as currentl	y filed with the Florida Dep	ot. of State)	
P14000069919				
, , , , , , , , , , , , , , , , , , , ,	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
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 corpor	orated" or the abb ration name must co	oreviation intain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	TAI LA	
			NEJKRY HASSE	<u>—</u>
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addi w registered office address	ress in Florida, enter the na	me of the OR	ED
Name of New Registered Agent	Gene M Gray			
Trume of 11th Registered rigent	2468 Wiley St, Hollywood	1, FI 33020		
	(Florida str	eet address)		
New Registered Office Address:	N/A		. Florida	
nen negantrea Office nauress.		(City)	(Zip Co	ode)

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 segent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerld. 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 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	V	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	PT	Gene M Gray	2468 Wiley St
X Add			Hollywood, Fl 33020
Remove			
2) X Change	<u>vs</u>	LaTosha Williams	P O Box 416226
Add			Miami Beach, Fl 33141
Remove			
3) Change			
Add			
Remove			- ALC ALC
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-,
6) Change			
Add			
Remove			

L. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)			
N/A			
			·
			
			
	7.		
	ECAL ECAL	19 A	
	HASS	AUG 19	П
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:	335 7.8.4		
(if not applicable, indicate N/A)		AM 10:	
N/A	7.7.00 0.7.00 0.7.00	0: 5	
	D rri	<u>ர</u>	
		,	

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as th
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)	
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. 8/15/2019	19 AUG 19
8/15/2019	19
Signature (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)	AM IO
(Typed or printed name of person signing)	
PRESIDENT SIGNING)	
(Title of person signing)	