P140000 69919

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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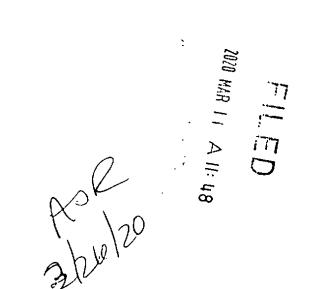
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COVER LETTER

O: Amendment Section Division of Corporations				
SAME OF CORPORATION: MISTER SECURITY DOCUMENT NUMBER: P14000009919				
The enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Name of Contact Person MISTER SECURITY SECURITY Firm/ Company Address Address City/ State and Zip Code 140Sho 1980 6 Von 0 000 E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
OHOS HOS Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\times \text{S35 Filing Fee} \text{S43.75 Filing Fee & Certificate of Status} \text{Certified Copy & Certificate of Status (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed)}				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

1020 MAR I A II.

Mister Security Inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P19000009919	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> its Articles of Incorporation:	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "i "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional c"chartered," "professional association," or the abbreviation "P.A."	ncorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	Sha Williams
(Mailing address MAY BE A POST OFFICE BOX) P.O. P. MIGM	0X 416226 iBeach, FL 33141
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent Agent Office address: (Florida street address)	Niams Apt. C207
New Registered Office Address: MI ami Boath, FL 3	Florida 33/4/ (Zip Code)

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

Check if applicable

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.

<u>X</u> Change	PT John	Doe	
X Remove	V Mike	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) K Change	PD	Latosha Williams	P.O. POX 410226
Add			Miamibeach, FL 3314
Remove 2) Change	PET	Bone M Gray	2468 Wileyst.
Add		, , , , , , , , , , , , , , , , , , ,	HOLLYWOOD, FL.3302
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

<u> </u>
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) \ \begin{align*} \begin{align*} \A \\ \Begin{align*}
N/A

.

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for t fficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The fee each voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	ch9,2020	
Signature	tocha M. Williams	,
	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, trusto	
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u>S</u>
	President (Title of person signing)	