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Florida Department of State

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Division of Corporations

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From:

Account Name : PROFESSIONAL SERVICES

Account Number : I20040000024

Phone : (786)303-5010

Fax Number

: (305)403-1061

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: PROFE	SSIONAL SECURITY OF FLORIDA CORP	_
DOCUMENT NUMBER: P15000	011035	_
The enclosed Articles of Amendment and f	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
FRANK DI	AZ	
PROFESS	Name of Contact Person SIONAL SERVICES LLC	
3128 COR	Firm/ Company	
MIAMI FL	Address 22115	
INITATALLE	City/ State and Zip Code	
professionals	ervices55@gmail.com	
E-mail address:	(to be used for future annual report notification)	-
For further information concerning this matter	ter, please call:	
frank diaz	_{st(} 7863035010	
Name of Contact Person	Area Code & Daytime Telephone Nu	ımber
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Certificate of S		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

412 000021583

Articles of Amendment to Articles of Incorporation of

PROFESSIONAL SECUR	RITY OF FLOR	IDA CORP			
(Name of Corporation as current	ly filed with the Florida Dep	t. of State)	产点	겴	
P15000011035			노함	T	
(Document Numbe	er of Corporation (if known)		77.3-	(A) 2	٠ •
Pursuant to the provisions of section 607.1006, Flo	orida Statutes, this Florida Pre	ofit Corporation adopts th	e following a) to
its Articles of Incorporation:			*11	The state of	į
A. If amending name, enter the new name of th				ਨ੍ਹ	
MABRY SECURITY SER	VICES FLORID	DA CORP		c∩ he⊆ he w	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A pr				
B. Enter new principal office address, if applies					
(Principal office address MUST BE A STREET A	ADDRESS)				
· · · · · · · · · · · · · · · · · · ·		· ·······.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV)				
(maning address MAT BE A FOST OFFICE	<u></u>				
D. If amending the registered agent and/or regi	stored office address in Flori	ida antar the name of th			
new registered agent and/or the new register		ida, enter the name of th	<u>c</u>		
Name of New Registered Agent					
	(Florida street address)				
New Registered Office Address:		, Florida			
	(City)	(Zip	Code)		
New Registered Agent's Signature, if changing I	Revistered Apent:				
I hereby accept the appointment as registered agen		ept the obligations of the	position.		
Signature of	New Registered Agent, if cha	nging			

HIS 000031263

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>				
. X Remove	¥	Mike Jo	ones				
X Add	<u>sv</u>	Sally St	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name			Address	
1) Change							'''
Add Remove							
2) Change			~~~	, 			
Add							
Remove 3) Change							
Add	******	_					
Remove							
4) Change		_		· · · · · · · · · · · · · · · · · · ·			
Add	٠					<u></u>	
Remove				,			
5) Change		-					
Add Remove							
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6) Change		-		··· · ··· <u>·</u> ·			
Remove					•		

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<u>provisions for i</u>	implementing the a	mendment if no	ification, or cance t contained in the	llation of issued shamendment itself:	ares,

The date of each amendment(s) adoption: February 26th, 2015	, if other than the
date this document was signed.	
Effective date if applicable: February 26, 2015	
(no more than 90 days after amendment file date)	_
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.	·
Dated Feb 26, 2015	
Signature	<u> </u>
(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)	
ELDUYS GARCIA	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	_