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| Special Instructions to | Filing Officer: | | | | |
| Opecial instructions to 1 ming Officer. | | | | | |
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Office Use Only



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SECRETARY OF STATE

AND ASSESSED FOR STATE

AND AS



February 15, 2022

REYINER VEGA CONDE 3091 NW 95TH TERR MIAMI, FL 33147 US

SUBJECT: UNION SECURITY SAFETY, CORP.

Ref. Number: P15000017050

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/ SOCIAL PURPOSE CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00003732

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

| Division of Corpora | ations | | | |
|---------------------------------|--|--|--|--|
| NAME OF CORPORA | TION: <u>(n/01)</u> CR: P1500 | Sewaity Sax | Ety Corp. | |
| DOCUMENT NUMBE | r: <u> </u> | 00 17050 | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | | |
| Please return all correspondent | ondence concerning this ma | tter to the following: | | |
| _ | REYNIER | . VEGA CONO | lε | |
| | Union | Name of Contact Person Security 1 | le Cafety, Corp. | |
| _ | 7091 | Firm/Company NW 9579 7E | -RR | |
| | Miam | Address 1 FL 33/4 City/ State and Zip Code | 7 | |
| _ | | City/ State and Zip Code | 2 | |
| | REYNIER | Ve6aa (clo | ud.com | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | se call: | | |
| Regnie | R. Vega Conc | de at 305 | , 763-4490 | |
| /Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for t | the following amount made | payable to the Florida Depa | artment of State: | |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | ng Address | | Address | |
| | dment Section on of Corporations | | lment Section | |
| | Box 6327 | Division of Corporations The Centre of Tallahassee | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

| Articles of Amendment | 202 3 SEI TALLI |
|---|--------------------------------------|
| to Articles of Incorporation | ÷ |
| Union Sourity Safety, Conp. | TARY I |
| (Name of Corporation as yurrently filed with the Florida Des | |
| P1500017050 | 58 % D |
| (Document Number of Corporation (if known) | 59 |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation: | adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| N/A | The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation when the action of the action of the professional association, or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | / |
| —————————————————————————————————————— | A |
| | <u> </u> |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | / |
| | <u> </u> |
| | ' 7 |
| D. If a monding the registered quant and/or registered office address in Florida anter the ne | rmo of the |
| D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address: | ame or the |
| Name of Nav Paristared fount | |
| Name of New Registered Agent | |
| (Florida street address) | |
| | |
| New Registered Office Address: (City) | , Florida |
| | (, d |
| | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligatio | ons of the position. |
| , | |
| \mathcal{N}/A | |
| Signature of New Registered Agent, if changing | |
| Check if applicable | |

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 | PT , | 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> | Jass. A. Veby Gomez | 3091 NW 95th TR MIAMI, FL 3314 |
| Add Remove 2) Change Add | P | REYNIER. VeGA Conde | MIAMI, FL 3314 1110 NW 10774St MIAMI, FL 73168 |
| Remove 3) Change | | | |
| Add Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove Change Add Remove | | | |

| (/ | a additional sheets. | , if necessary). (B | ie specific) | | | |
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| F. If an | amendment provi | ides for an exchang | ge, reclassificatio | n, or cancellation | of issued shares, | |
| pro | isions for implem (if not applicable, i | enting the amenda | nent if not contai | ned in the amend | ment itself: | |
| | д пот аррисате, к | naicaie (VA) | | | | |
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| • | | 1/2//2017 | - | |
|---|---|---|---------------------------|-------------------------|
| The date of each amendment(s) ado late this document was signed. | option: | 1 | | , if other than the |
| Effective date if applicable: | 01/2 | 18/2020 | | |
| | (no more than | 96 days after amendmer | nt file date) | |
| Note: If the date inserted in this blodocument's effective date on the Department. | | | equirements, this date wi | Il not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were adopt action was not required. | ted by the incorporators, o | or board of directors with | out shareholder action an | d shareholder |
| ☐ The amendment(s) was/were adopt by the shareholders was/were suff | - | The number of votes cast | for the amendment(s) | |
| ☐ The amendment(s) was/were appromust be separately provided for ea | | | | |
| "The number of votes cast fo | or the amendment(s) was/v | were sufficient for appro- | val | |
| by | | | | |
| | (voting group) | | _ | |
| Dated $\hat{\mathcal{O}}$ | 3/31/2000 | | | |
| Signature \overline{X} | | | | |
| (By a dire selected, | ector, president or other of by an incorporator – if in d fiduciary by that fiducia | the hands of a receiver, t | | |
| | REGINE | R. Vela. Co ed name of person signin | nde | |
| | | | g) | |
| | Pres | ident | | |
| | (Title of person | signing) | | |