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TALLAHASSEE, FLORDA

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AUG 2 8 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Katia's	Security Inc
DOCUMENT NUMBER: P150000423	182
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Rovin Deleon	
	Name of Contact Person
	Firm/ Company
12260 Sand Wed	ge Drive
	Address
Boynton Beach, F	L 33437
	City/ State and Zip Code
rovin_deleon@hotmail.	com
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
Lawrence Swan	at (239) 540-2612
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Articles of Amendment to Articles of Incorporation of

15 AUG 26 AM 6: 41 Sucht AM 12 PLATE TALLAHASSEE, FLORIDA

Katia's Security Inc	THE MINOSEE, I
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P15000042382	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o, "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	220
D. If amending the registered agent and/or registeness new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
AND COLUMN TO A CO	(Florida street address)
New Posterous d Office Address	
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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.

Example:

X Change	PT	John Doe	
X Remove	¥	Mike Jones	
_X Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	Johana Ledge	12260 Sand Wedge Drive
Add			Boynton Beach, FL 33437
X Remove			
2) Change	s	Johana Ledee	12260 Sand Wedge Drive
Add			Boynton Beach, FL 33437
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·····
Remove			

Burn Harris College College of March

	ding additional Art sheets, if necessary).	(Be specific)	<u></u>			
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provisions for in	provides for an exc uplementing the amo able, indicate N/A)	hange, reclassifi endment if not co	ation, or cancelle	ntion of issued st nendment itself:	ages.	

	5/11/2015	
The date of each amendment		if other than the
date this document was signed.		
	5/11/2015	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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	,	
	(voling group)	
	(· · · · · · · · · · · · · · · · · · ·	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
✓ Dated ✓ Signature(B;	17 Aug 2015 Pag 2015	
(B	y a director, president or other officer - if directors or officers have not been	
se	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
·	Rovin Deleon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	