## P15000044576

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SECRETARY OF STATE DIVISION OF CORPORATIONS

JUL 15 2015 C LEWIS

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: JUSTIAN SCOUPITY CONSULTANTS INCOMENT NUMBER: P150000 44576.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luan A. + i aveira.
Marine of Contact Person Consultants Inc.
10818 5W 15 d J # 280.
Mia + 1.33177
City/ State and Zip Code  Out of a full man company of full. Company  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305), 257-8533.  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

## **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

Articles of Amendment
Articles of Incorporation
Quardian Security "Consultants Inc.
Name of Corporation as currently filed with the Florida Dept. of State
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  MIGHT + 33177.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  MIANI F1.33177.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent  13818 JW 152 St # 286  (Florida street address)
New Registered Office Address: (City), Florida 33111. (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

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:

 $P \approx President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Doe
X Remove	Y	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)  1) Change Add Remove	Title	Name Luan A. Figueira 13818 SW 15254  SUHE#286  Miami F1.33177.
2) Change Add Remove 3 ) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

stach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	ange, reclassification,	or cancellation of is	sued shares, itself:	
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an amendment provides for an exchirovisions for implementing the amer (if not applicable, indicate N/A)				

The date of each amendment(s) adoption:		if other than the		
date this document was signed.	6/2015.	SECRETARY OF STATE DIVISION OF CORPORATIONS		
Effective date if applicable:	(no more than 90 days after amendment file date)	15 JUL 13 AH 9: 51		
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, the f State's records.	his date will not be listed as the		
Adoption of Amendment(s) (C	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendr approval.	nent(s)		
	he shareholders through voting groups. The following st g group entitled to vote separately on the amendment(s)			
"The number of votes cast for the ame	endment(s) was/were sufficient for approval			
by(vo	oting group)			
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and share	cholder		
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and sharehold	er		
Dated	2015			
Signature	H			
(By a director, pre	sident or other officer – if directors or officers have not corporator – if in the hands of a receiver, trustee, or other			
	ry by that fiduciary)	Court		
	Luan A. Fi gueira			
	(Typed or printed name of person signing)			
Mesident				
(Title of person signing)				