## P15000058155

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SECUREMAX SO	OLUTIONS INC		<u> </u>
DOCUMENT NUM	IBER: P15000058155			
The enclosed Article	s of Amendment and fee are st	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	LIUVER ORTEGA			
		Name of Contact Perso	n	
	SECUREMAX SOLUTION	SINC		
		Firm/ Company		
	8200 NW 41ST, STE 200			
		Address		
	DORAL, FL 33186			
		City/ State and Zip Cod	le	· · · · · · · · · · · · · · · · · · ·
	LORTEGA@SECMAX.OR	G		
	E-mail address: (to be u	sed for future annual report	notification)	が、四世
				ויזו ע
For further information	on concerning this matter, plea	se call:		
LIUVER ORTEGA		at ( 305	9074426	
Name of Contact Person			de & Daytime Telephone ?	dumber
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8 issee, FL 32303	310

## Articles of Amendment to Articles of Incorporation of

## SECUREMAX SOLUTIONS INC

(Name of Corporation as curren	tly filed with the Florida Dept. of S	<u>tate</u> )	
215000058155			
(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607,1006, Florida Statutes, this s Articles of Incorporation;	s Florida Profit Corporation adopts	the following amenda	nent(
. If amending name, enter the new name of the corporation:			
		The ne	enc.
une must be distinguishable and contain the word "corporation," lnc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	e abbreviation "Corp. must-contain the wo	." rd
, ,	1580 W 38TH PL UNIT 10		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	HIALEAH, FL 33012		- ,
		-: ::	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1580 W 38TH PL UNIT 10		- -
	HIALEAH, FL 33012	31. 21. 62.	-
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		the	
(Claudia)	trast addraws		
	treet address)		
New Registered Office Address:	, Floi , Floi	rida (Zip Code)	-
	N.A.	my south	
ew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	<u>nt:</u> r with and accept the obligations of t	he position.	
Signature of New	Registered Agent, if changing		
heck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11	Ver 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:

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

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change			
Add			
Remove			
2) Change		_	73
Add			<u> </u>
Remove 3 ) Change			<del></del>
Add			
Remove			7: 29 
4) Change			
Add			
Remove			
ο̂ι Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

(Attach additional she	ng additional Articles, enter change(s) here: eets, if necessary). (Be specific)	
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provisions for impl	ovides for an exchange, reclassification, or cand ementing the amendment if not contained in th	cellation of issued shares. e amendment itself:
(if not applicable	le, indicate N/A)	<del>,                                    </del>
-		· · · · · · · · · · · · · · · · · · ·
		<del></del> "
		<u>_</u>

The date of each amendment(s) ado date this document was signed.	ption:	, if other than
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	(e)
<b>Note:</b> If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the a icient for approval.	mendment(s)
	wed by the shareholders through voting groups. <i>The followich voting group entitled to vote separately on the amendm</i>	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	233
by		
	(voting group)	200
04/11/2024		e i i i i i i i i i i i i i i i i i i i
Dated/	<i>- [                                   </i>	<u> </u>
f	///////////////	
Signature		
	cloy, president or other officer - if directors or officers hav	e not been 7; 😕
	by an incomprator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	r other court
L	IUVER OPRTEGA	
	(Typed or printed name of person signing)	
C	EO	
_	(Title of person signing)	