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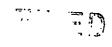
COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JHON RODRIGUEZ	NAME OF CORPOR	ATION: FAST & SECURI	CORP		
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JIFON RODRIGUEZ					
Mailing Address Mailing Address Amendment Section Division of Corporations Mailing Address I.C. Sirm/ Company Division of Corporations II.C. Firm/ Company II.C. Firm/ Company 3095 S MILITARY TRAIL STE 4 Address LAKE WORTH FL 33463 City/ State and Zip Code Ii.C. I.C. I.C.			abmitted for filing.		
Name of Contact Person Size Division of Corporations Division of Corporations Division of Corporations Division of Corporations Address Size Address Certified Copy Corporations	Please return all corres	pondence concerning this ma	utter to the following:		
JIREH MULTISERVICES LLC Firm/ Company 3095 S MILITARY TRAIL STE 4 Address LAKE WORTH FL 33463 City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please eall: JHON RODRIGUEZ Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{array} \text{S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed)} \text{Amendment Section Division of Corporations} \text{Division of Corporations}		JHON RODRIGUEZ			
Firm/ Company 3095 S MILITARY TRAIL STE 4 Address LAKE WORTH FL 33463 City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please eall: JHON RODRIGUEZ Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is certificate Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	•	<u> </u>	Name of Contact Perso	n —	
Address LAKE WORTH FL 33463 City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON RODRIGUEZ Name of Contact Person at (561		JIREH MULTISERVICES I	.LC		
Address LAKE WORTH FL 33463 City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON RODRIGUEZ at (561) 5749110 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee	-		Firm/ Company		
City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON RODRIGUEZ Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$335 Filing Fee Certificate of Status Certified Copy (Additional copy is Certificate of Status (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations		3095 S MILITARY TRAIL :	STE 4		
City/ State and Zip Code jirchmulti@gmail.com E-mail address: (to be used for future annual report notification)	•	-	Address		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON RODRIGUEZ at (561) 5749110 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations		LAKE WORTH FL 33463			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JHON RODRIGUEZ at (561) 5749110 Name of Contact Person 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 Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	-		City/ State and Zip Cod	e	
For further information concerning this matter, please call: JHON RODRIGUEZ Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	jirchm	ułti@gmail.com			
For further information concerning this matter, please call: JHON RODRIGUEZ Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations		E-mail address: (to be us	sed for future annual report	notification)	
Name of Contact Person Area Code & Daytime Telephone Number					
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Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee	JHON RODRIGUEZ		at (561	5749110	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee	Name o	f Contact Person	Area Code & Daytime Telephone Number		
Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations Certified Copy (Additional Copy is enclosed) Street Address Amendment Section Division of Corporations	Enclosed is a check for	the following amount made			
Amendment Section Amendment Section Division of Corporations Division of Corporations	■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy	
	Amendment Section		Amendment Section		
Tallahassee, FL 32314 Citton Building Callahassee, FL 32314 2661 Executive Center Circle		:	Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FAST & SECURE CORP

2019 OCT 21 PH 4: 49

(Name o	of Corporation as curren	ntly filed with the Florida Dept. of State)	
P16000065497			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the a "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		21974 SW 125TH AVE	
		MIAMI FL 33170	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21974 SW 125TH AVE	
		MIMAMI FL 33170	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office ad v registered office addre	dress in Florida, enter the name of the	
Name of New Registered Agent	HREH MIII TISERVICES LLC		
	3095 S MILITARY TRA	AIL STE 4	
	(Florida .	street address)	
New Registered Office Address:	LAKE WORTH	Florida 33463	
		(City) (Zip Code)	
Name of New Registered Agent New Registered Office Address:	3095 S MILITARY TRA	AIL STE 4 street address), Florida 33463	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: r with and accept the obligations of the position.	
	Tan		
	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 = 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.

X Change	<u>PT</u>	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	P,VP	OSVALDO MOREIRA SANCHEZ	21974 SW 125TH AVE
X Add			MIAMI FL 33170
Remove			
2) Change	P	JOSE LUIS LEIVA	1114 THE POINTE DR
Add			WEST PALM BEACH FL 33409
X Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
				
				
	-			
			<u> </u>	
				
			_	
		<u> </u>		
	 -	<u> </u>		- .
		-		
				
f an amendment provides for an exc provisions for implementing the ame	hange, reclassificatio	n, or cancellation of	issued shares,	
(if not applicable, indicate N/A)	chament it not coma	med in the amendme	m usen:	
			_ .	
			<u>-</u>	
			<u> </u>	

10/18/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendn	rent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes can by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement he amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appre	oval
by(voting group)	••
(voting group)	_
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
10/18/2019	
Signature Junific	
(By a director president or other officer – if directors or of selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	fficers have not been , trustee, or other court
Josa Lvis Laiva V (Typed or printed name of person signi	iciado.
President	
(Title of person signing)	