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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: Security Iris Inc	_	
DOCUMENT N	P17000021291		
The enclosed Art	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	joe chakkola		
		Name of Contact Persor	1
	security iris inc		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	10881 cory lake dr	, ,,,	
	· · · · · · · · · · · · · · · · · · ·	Address	
	tampa , fl 33647		
		City/ State and Zip Code	2
İ	ijchakkola@hotmail.com		✓
-	-	sed for future annual report	
		·	
For further inform	mation concerning this matter, pleas	se call:	
joe chakkola		479 at (6855650
N'	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
	•	_	_
S \$35 Filing Fo	ce US43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address	Street	Address
	Amendment Section		Iment Section
Division of Corporations			on of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Security Iris Inc			
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P17000021291			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amen	dment(s
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name mu	abbrevia st contain	ition the
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		77:::	ල ා. (
			루 :
C. Enter new mailing address, if applicable:			<u>a</u> [
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			ئ ہو۔ ئ
		•	 #-
D. If any adjust the angiotest description and any and any and a filter address.	The idea arter the name of the		
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address			
Name of New Registered Agent			
Name by Wen Registered Agent			
(Florida str.	eet address)	_	
·			
New Registered Office Address:	, Florida (City) (Zi	ip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		. :	
Thereing accept the appointment as registered agent. I am juminar w	and accept me obligations of the position	**	
	<u> </u>	_	
Signature of New R	egistered 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	tvin Kuriakose	623 W Sadie St Apt No 120
X Add			Brandon FI 33510
Remove			
. 2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	··· = = · · ·		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
van will be responsible with the day to	day operations of the company.
	-
i. If an amendment provides for an exclusions for implementing the arms	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Helitery 17 has contained in the amendment tisers.
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CHI	CK ONE)
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	archolders. The number of votes east for the amendment(s) proval.
	hareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
	ment(s) was/were sufficient for approval
by	
(voti	g group)
■ The amendment(s) was/were adopted by the baction was not required.	pard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder
7/12/2018 Dated	
Signature	
	ent or other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court y that fiduciary)
Joe chakko	э
	yped or printed name of person signing)
Director	
	(Title of person signing)