P17000040203

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SECRETARY OF SIMILOR OF CORPORATION OF CORPORATION OF CORPORATION OF SIMILOR OF SIMILOR

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Universal Security	Guard Association, Inc			
DOCUMENT NUM			<u> </u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	James Luxama				
		Name of Contact Person	1		
	Universal Security Guard Association, Inc.				
		Firm/ Company			
	7901 S Aragon Blvd Unit 2	Tittle Company			
	<u>-</u>	Address			
	Sunrise FL, 33322				
		City/ State and Zip Code	e		
L					
	najames@gmail.com	- 1 C 2 t			
	E-mail address: (to be us	sed for future annual report	notrication)		
For further information	n concerning this matter, pleas	se call:			
James Luxama		954 at (882-3374		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount/made	payable to the Florida Depa	artment of State:		
□ \$35 Filing 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)		
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

SECRETARY OF STALL OIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

Universal Security Guard Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000040203 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: 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:

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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	Gina Laguerre	7901 S Aragon Blvd.
XAdd			Unit 2
Remove			Sunrise, FL 33322
2) Change	D	Cadet Lidelien	7901 S Aragon BLvd
X Add		-	Unit 2
Remove			Sunrise, FL 33322
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	_

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	09/06/2017	Walter and the second second
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendm ficient for approval.	ient(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following sto each voting group entitled to vote separately on the amendment(s):	nement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and share	holder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sharehold	er
09-06-201* Dated Signature	Man Control of the Co	
(By a d selecte	rector, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other ed tiduciary by that fiduciary)	
	Gina Laguerre	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	