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OCT 2 4 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corpor	rations		
NAME OF CORPORA	ATION: Ext	eme Secusi	y 1A Corporation
DOCUMENT NUMB	· (170000657	170
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
-	Extra 15175 Eag Miani La	Name of Contact Person Address Address City/ State and Zip Code and Person Address City/ State and Zip Code and Person Address Address City/ State and Zip Code	eno So: te 102
For further information	concerning this matter, pleas	e call:	
Jvan Name o	AStacio Contact Person	at (<u>3</u> 95 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	irtiment 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)
	ing Address idment Section		Address Iment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

Extreme Security	JA Corpuration
(Name of Corporation as currently	y filed with the Florida Dept. of State)
P17000065	1770
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	• •
NIA	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "cover word "chartered," "professional association," or the abbreviation ".	1," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	15175 Eafly Nest Lane # 103 Migmi Lakes FL 33014
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	15175 Eaple Nest Lane Suite 102 Miani Lakes, Fi 33014
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent 14	
15175 Eagle (Florida stre	
New Registered Office Address: Miam La	(City) . Florida 33014 (City) (City (City Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar was signed agent.	
эдиший ў учу К	egisterea Agent, y changing

				-
address of each Officer Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO ield, President, Treasure Changes should be notee	and/or I , if neces, rector tit Presiden = Chief r, Direct I in the fi wes the c	Director h sary) le by the f t; T= Tre Financial or would oflowing n corporatio	veing added: assurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more be PTD, nanner. Currently John Doe is listed as the on, Sally Smith is named the V and S. These	Trustee: C = Chairman or Clerk, CEO = Chief than one title, list the first letter of each office e PST and Mike Jones is listed as the P. There is a should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	<u>John D</u>	υ c	
\underline{X} Remove	<u>V</u>	Mike Jo	ones .	,
X Add	<u>sv</u>	Saily S	<u>mith</u>	
Type of Action [Check One]	Title		Name	Address
1) Change	N	18		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				<u> </u>
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u>.</u>		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
~113
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
NIA
÷

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 amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate 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 cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	ļ.
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ier
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other co	l uri
appointed fiduciary by that fiduciary)	;a4 k
Juan Astacio	
(Typed or printed name of person signing)	-
· · · · · · · · · · · · · · · · · · ·	
President.	
(Title of person signing)	İ