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COVER LETTER

Division of Corpo	rations		
NAME OF CORPOR	1/17	118 0000	al Security, Corp.
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma POLO LOI Spartacusta Spartacusta F-mail address: (to be us	Name of Contact Person Name of Contact Person Firm/ Company 151 Street Address City/ State and Zip Cod Crical 59 Seed for future annual report	19@ amail.com
For further information Paola H Name of	concerning this matter, please - Foweron f Contact Person	at (786	865-1972 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 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)
Mail	ling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Inco	orporation
Spartacus Ta	ctical Security Corp.
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5979 NW 151 Street Suite 102-E Mianui Lakes, H. 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5979 NW 151 street Suite 102-E Miani (alces, 71.33014
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the
5979 NW	15/ St Street Suite 102-E
New Registered Office Address: Hicm Will	City) . Florida 330 14 (Zip Code)
New Registered Agent's Signature, it changing Registered Agent: I hereby accept the appointment as registered agent. I and familiar to	rith and accept the obligations of the position.
Paralasta	ith and accept the obligations of the position.

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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	henneth H. Fernandez	8827 NW 149 Feri
Add			Miani Lakes, H
X Remove			33018
2) Change	PT	Paola A. Figueroa	8827 NW 1494 Terr
X Add		•	Miani Lakes, FL
Remove			33018
3) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
	
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and
1/A	

• • • • • • • • • • • • • • • • • • • •	, if other than the
date this document was signed.	
Effective date if applicable: JUNE 12, 2019	
(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 date w document's effective date on the Department of State's records.	ill 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated JUNE 12,2019	
Signature	_ _
(By a director, president or other offices of directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver /trusted, or other court appointed fiduciary by that fiduciary)	
Mala H- Formera.	
(Typed or printed name of person signing)	
President / Board of Direct	013
(Title of person signing)	- -