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## COVER LETTER

NAME OF CORPORATION: Capito	al Sewrity Agency, INC.
DOCUMENT NUMBER:/	1000008 111
The enclosed Articles of Amendment and fee are so	abmitted for filing.
Please return all correspondence concerning this ma	
Ruc	bev. Febles
Capio	Name of Contact Person, AC SECURITY Agency tre. Firm/Company
7175	SW & 14 St # 202
Nam	SW 8 <sup>14</sup> St #202 Address 1, FL 33144
	City/ State and Zip Code
12Si	sturs @ yahov.com
E-mail address: (to be u	sed for future andual report notification)
For further information concerning this matter, plea	o.s. an11:
- A	se can.
Ruhon. Febes	,,
Roben Feber Name of Contact Person	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number
Roben Feber Name of Contact Person	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number
Roben Feber Name of Contact Person Enclosed is a check for the following amount made	at ( <u>JOS</u> ) <u>494-3/17</u> Area Code & Daytime Telephone Number  payable to the Florida Department of State:
Roben · Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee  \$43.75 Filing Fee &	at ( <u>Jos</u> ) <u>494-3/12</u> Area Code & Daytime Telephone Number  payable to the Florida Department of State:  \$\text{S43.75 Filing Fee & \$\text{S52.50 Filing Fee}}\$
Roben Feber Name of Contact Person  Enclosed is a check for the following amount made	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:  \$\int \text{S43.75 Filing Fee & S52.50 Filing Fee} \text{Certificate of Status}
Roben Feber Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee  \$43.75 Filing Fee &	at ( <u>Jos</u> ) <u>494-3/12</u> Area Code & Daytime Telephone Number  payable to the Florida Department of State:  \$\text{S43.75 Filing Fee & \$\text{S52.50 Filing Fee}}\$
Roben Feber Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:  \$\int \text{S43.75 Filing Fee & S52.50 Filing Fee} \text{Certified Copy Certificate of Status} \text{(Additional copy is Certified Copy}
Roben Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:   S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Roben Feber Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee  \$43.75 Filing Fee &	at ( 205 ) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:   \$\int \text{S43.75 Filing Fee & S52.50 Filing Fee} \text{Certified Copy Certificate of Status} \text{(Additional copy is enclosed)} \text{(Additional Copy}
Roben Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee	at (205) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:  S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)  Street Address Amendment Section Division of Corporations
Roben Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee	at ( 305 ) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:   \$\int \text{S43.75 Filing Fee & S52.50 Filing Fee} \text{Certified Copy Certificate of Status} \text{(Additional copy is enclosed)} \text{(Additional Copy is enclosed)}  \$\frac{\text{Street Address}}{\text{Amendment Section}} \text{Division of Corporations} \text{Clifton Building}
Roben Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status  Tailing Address  Anti-Idment Section  Enclosed is a check for the following amount made  \$535 Filing Fee & Certificate of Status	at (205) 494-3/12  Area Code & Daytime Telephone Number  payable to the Florida Department of State:  \$\insert \text{S43.75 Filing Fee & S52.50 Filing Fee} \text{Certified Copy Certificate of Status} \text{(Additional copy is enclosed)} \text{(Additional Copy is enclosed)}  \$\frac{\text{Street Address}}{\text{Amendment Section}} \text{Division of Corporations} \text{Clifton Building} \text{2661 Executive Center Circle}
Roben Feber  Name of Contact Person  Enclosed is a check for the following amount made  \$35 Filing Fee	at (
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October 22, 2018

RUBEN FEBLES 7175 SW 8TH STREET #202 MIAMI, FL 33144

SUBJECT: CAPITAL SECURITY AGENCY, INC.

Ref. Number: P18000008711

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 418A00021652

Claretha Golden Regulatory Specialist II

## Articles of Amendment

2018 NOV S PH 1: 05

Articles of Incorporation

Capital Security Agency, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 14 000008711

(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:	, /.	
	NA	The net
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional	incorporated" or the abbreviatio
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		NA
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 adnew registered agent and/or the new registered office address		the name of the
(Florida s	street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	nt: r with and accept the ob	ligations of the position.
	NA	
Signature of New	Registered Agent, if ch	anging

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	PT	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>	Address
1) Çhange	$\underline{V}$	Eveniadys Cabonell	27015W10th Street #310
Add		·	Miami, FL 33195
Remove		. /	
2) Change		<i>N/A</i>	
Add		/	
Remove		11/1	
3 ) Change		<i>N/1</i> Ŧ	
Add Remove			
		11/A	
4) Change			
Add Remove			
Remove		11/4	
5) Change		- <i>- /// / / / / / / / / / / / / / / / /</i>	
Add			
Remove		11/1	
6) Change			
Add		,	
Remove			

If amending or adding addition Attach <i>additional sheets, if neces</i>	sary). (Be spe	ecific)			
		N/A			
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If an amendment provides for a	in exchange, re	eclassification, or can-	cellation of issue	d shares,	
provisions for implementing t (if not applicable, indicate	ie amendment	if not contained in th	e amendment its	elf:	
(i) not applicable, milicule	,	NA			
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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :	October 30, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, the ent of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amenda at for approval.	nent(s)
	by the shareholders through voting groups. The following stavoting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	_i//H	
•	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and share	holder
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and sharehold	er
Dated 101	130/18	
	De Tolle	
Signature(By a director	president or other officer – if directors or officers have not be	<del></del> been
selected/by a	in incomporator – if in the hands of a receiver, trustee, or other	
appointéd fid	luciary by that fiduciary)	
	Kuben Febles	
	(Typed or printed name of person signing)	
·	Perident	
<del></del>	(Title of person signing)	