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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: (abifal	Security Agency, Inc
DOCUMENT NUMBER: P18000	04 1/1
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Lvis.;	Ricardo
Capital	Name of Contact Person Sewritg Agency
7/75	Firm/Company SW STA STREET #202
Migmi	Address FL 33144
<del></del>	City/ State and Zip Code
2055/11	5 Dyahov. com
n-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Luis. Ricardo	at (305) 498-3/32
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{\$\$\$\$S43.75 Filing Fee & Certificate of Status}	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 anana3500, 1 C 32317	Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation

Capital Sourit	1 of 9 AGENCY		
(Name of Corporation as	<del></del>	Florida Dept. of State	)
Polyman	Number of Compression (	f known)	
(Document i	Number of Corporation (	i known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit	Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corpor	ration:		
N/A			The new
name must be distinguishable and contain the word "corpor" Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	"Co". A professional ion "P.A."		
(Frincipal office address MOST BE A STREET ADDRES	<del></del>		
		<del>-</del>	20.00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
			() ()
			里 亡
			<del></del>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the	ۍ
Name of New Registered Agent LV15	A. Ricardo		
7175	Sill Fill St di (Florida street address)	1.402	
New Registered Office Address: 119111	(City)	, Florida_	37/1/1/ (1in Code)
	(City)		(zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the pe	osition.
$\mathcal{M}$	will!		
Signature	of New Registered Agen	t, if changing	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0	0120 (11) (e), F.S.		

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	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name 2	Address
1) Change	<u> P</u>	Maida L'Lahera laci	heco 11780 5W 1814 Sty 21
Add			MIOMI, FC 33/75
Remove	<i>ت</i> فر	Luis A. Ricardo	6355 SW 23 M STREET
2) Change Add	<del></del> -		HIAMI, FL 33155
Remove 3) Change	<u></u>	Eveniadys Archonell	
Add	,,	/	2701 FW/0th5+#310 Mami, Fl 33/35
Remove			14101111, 40 75135
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	<del></del>
Ađd			
Remove			

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. . . . . .

The date of each amendment(s) adoption:	06/07/2020 06/02/2020	, if other than t
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 document's effective date on the Department of	not meet the applicable statutory filing requirements, f State's records.	this date will not be listed as
Adoption of Amendment(s) (CH	IECK ONE)	•
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amen approval.	dment(s)
must be separately provided for each voting	ne shareholders through voting groups. The following group entitled to vote separately on the amendment(s) endment(s) was/were sufficient for approval	statement s):
by	,,	
	ting group)	
Dated	7/7-03-0	
Signature (By a director pres	sident of other officer - if directors or officers have no	ot been
selected, by an inco	corporator – if in the hands of a receiver, trustee, or other	ner court
appointed fiduciary	y by that fiduciary)  [1] J. J. J. Carcle	
<del></del>	(Typed or printed name of person signing)	