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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Broward Locksmit	h Inc	
DOCUMENT NUM	P18000028462		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Roi Yosef		
		Name of Contact Person	n
	Broward Locksmith Inc		
		Firm/ Company	
	2516 SW 55th Street		
		Address	
	Fort Lauderdale, FL 33312		
		City/ State and Zip Cod	e
roivo	set@hotmail.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Roi Yosef		954 at (	663-7764
Name	of Contact Person	Area Co	) 663-7764 de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Broward Locksmith Inc (Name of Corporation as currently filed with the Florida Dept. of State) P18000028462 (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: (City) (Zip Code) 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:

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 Doc	
X Remove	$\underline{V}$	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	VP	Osnat Betscoune	2516 SW 55th Street
Add			Fort Lauderdale, FL 33312
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional A sheets, if necessary	). (Be specific)			
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provisions for it	t provides for an ex aplementing the ar cable, indicate N/A)	nendment if not e	ication, or cancell contained in the a	ation of issued sha mendment itself:	nres,
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The date of each amendment(s) a date this document was signed.	loption:	, if other than the
aate tins document was signed. 4/25	/18	
Effective date <u>if applicable</u> :		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this I document's effective date on the Do		story filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of ficient for approval.	of votes east for the amendment(s)
	roved by the shareholders through votine each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficient	nt for approval
by	(voting group)	."
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without s	narcholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without sharel	rolder action and shareholder
Dated	U-27-18	
Signaturo	irector, president or other officer – if dir	
(By a c	rector, president or other officer - if dir	ectors or officers have not been
selecte	d, by an incorporator – if in the hands of	a receiver, trustee, or other court
appoin	ed fiduciary by that fiduciary)	
	(Typed or printed name of p	·
	(Typed or printed name of p	erson signing)
	x Presi	
•	(Title of person	signing)