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And

R. WHITE MAY 17 2018

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: SEGURITE, INC		
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MANUEL DINER		
		Name of Contact Person	1
	MANUEL DINER, P.A.		
		Firm/ Company	
	17110 ROYAL PALM BLVI	D., SUITE 3	
		Address	
	WESTON, FL. 33326		
		City/ State and Zip Cod	e
mdin	er@dinerlaw.com		
-	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: at (333-3222
Name	of Contact Person	ai (Area Co	de & Daytime Telephone Number
	or the following amount made		,
\$35 Filing Fee	☐\$43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 .ahassee, FL 32314	Amenc Divisic Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Issee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED.

18 HAY 15 PH 1: 40

SEGURITE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000041332 (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: 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.

Example: XChange	<u>PT</u>	John Doc			
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	PD	GRACE VILLAREAL	3145 HUNTER RD.		
Add			WESTON, FL. 33331		
X Remove					
2) Change	PD	GRACE VILLAVERDE	3145 HUNTER RD.		
X Add			WESTON, FL. 33331		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary)	rticles, enter change(s)). (Be specific)			
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f an amen <u>dment provides for an ev</u>	cohanga paclaccificatia	n or cancellation of i	sened shares	
provisions for implementing the ar	<u>mendment if not contai</u>	ned in the amendmer	t itself:	
(if not applicable, indicate N/A)				
				.,,

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	May 9, 2018	
Effective date in apparents.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da he Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
	re adopted by the shareholders. The number of votes east for the amendment(ere sufficient for approval.	S)
☐ The amendment(s) was/we must be separately provid	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
	s east for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
☐ The amendment(s) was/we	re adopted by the board of directors without shareholder action and sharehold	er
nction was not required.		
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
May Dated Signature _	9. 2018 Turtumulla	
(s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	GRACE VILLAVERDE	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	