P1900000 3768

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(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: OLAVIO SECURI	TY CONSULTING SERV	ICES INC	The Population of the Populati
	1BER: P19000003768			To Egg
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this mat	ter to the following:		
	MASSAMI LEAL			ي ج
		Name of Contact Persor		•
	CSG CAPITAL SERVICES	GROUP INC		
		Firm/ Company		
	446 W HILLSBORO BLVD	· ····································		
		Address	<u> </u>	
	DEERFIELD BEACH, FL 33	3441		
	<u> </u>	City/ State and Zip Code		
MA	.SSAMI@THEWAYGROUP.B	IZ		
	-	ed for future annual report	notification)	
For further information	ion concerning this matter, pleas		427.4770	
	e of Contact Person	at (at () 427.4770 de & Daytime Telephone Number	<u></u> .
	for the following amount made			
■ \$35 Filing Fee	□\$43.75 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)	
Ai Di P.	mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment

to Articles of Incorporation of

OLAVIO SECURITY CONSULTING SERVICES INC.

(<u>Name of Corporati</u>	ion as currently med with the Fiorida Dept. of State)	
P19000003768		
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follo	്യു wing amendme
A. If amending name, enter the new name of the co	orporation:	
		The new
	rd "corporation," "company," or "incorporated" or th v," "Inc," or "Co". A professional corporation name m eabbreviation "P.A."	
B. Enter new principal office address, if applicable	e:	
(Principal office address MUST BE A STREET ADI		
	<u></u>	 -
	4,000	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
(1771) January 1871 1871 1871 1871 1871 1871 1871 187		
	-	
 If amending the registered agent and/or register new registered agent and/or the new registered 	red office address in Florida, enter the name of the	
new registered agent allower the new registered	TVIIIC BOOKS	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Negisterea Office Address.		Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the positi	on.
C:	nature of New Projectored Agent if changing	
Sign	nature 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MOREIRA, SELMA T.	10326 BROOKLINE LN
			BOCA RATON, FL 33428
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
				
	<u>-</u>			
				-
•		<u>-</u>		
				
	-		·· =	-
				-
an amendment provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares.	
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provisions for implementing the ame	hange, reclassifica endment if not con	tion, or cancellation tained in the amen	n of issued shares, dment itself:	
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	04/05/19	
The date of each amendment(s) at date this document was signed.	option:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after assertances you dute)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendr fficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following stated voting group entitled to vote separately on the amendment(s)	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sharehold	er
Dated 4/9	119	
Signature	mmgus	
(By a 🕽	irector, president or other officer – if directors or officers have not	
	I, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	r court
аррош		
	SELMA T MOREIRA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	