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CAPITAL CONNECTION, INC.

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First State Security Corp	
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	Art. of Amend. File
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIRST STATE SE		CURITY CORP	
DOCUMENT NUM			
The enclosed Article	s of Amendment and fee are st	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
Simone Dixon			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
	First State Security Corp		
		Firm/ Company	
	755 NW 3rd Terrace		
	<u></u>	Address	
	Homestead FL 33034		
		City/ State and Zip Cod	c
	hineyd@lstateinc.us		
		sed for future annual report	nutification)
For further information concerning this matter, please			300-8984
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	F	IRST	STA	TE S	SECI	JRITY	CORP
--	---	------	-----	------	------	-------	------

TIKST STATE SECORITY CORP			
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
P19000025185		,	
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006. Florida Statutes, this	Florida Profit Corporation adopts the follow	ing amendment(s) (
A. If amending name, enter the new n	name of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp. "Inc." or "Co".	company," or "incorporated" or the abbrevial A professional corporation name must conto	The new tion "Corp.," ain the word
B. Enter new principal office address.	, if applicable;	8950 SW 74 Court	
(Principal office address MUST BE A S	STREET ADDRESS)	Miami FL 33156	<u></u> -
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	licable: OFFICE BOX)	8950 SW 74 Court	
		Miami FL 33156	
			3F 6
D. If amending the registered agent as new registered agent and/or the ne	<u>id/or registered office addi</u> w registered office address	ress in Florida, enter the name of the	
Name of New Registered Agent	Simone Dixon	් දිසුස	
	8950 SW 74 Court	11 (c) 5 1 (c)	ف ق
	(Florida sır	vet address)	00
New Registered Office Address:	Miami	. Ftorida 33156	_
			Cinte)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: wered agent. I am familiar v	i with and accept the obligations of the position.	
	Signature of New Re	egistered Agent, if changing	_
Check if applicable	•	2	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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 officeridirector 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>Y</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
i) Change	CEO	Dixon, Shontvia	755 NW 3rd Terrace O	
Add X			Homestead, FL 33034	
Remove 2) Change	р —-	LOPEZ, JAVIER	10711 SW 216 STREET	
X Add			#204 C C C	
Remove 3) Change		LOPEZ. LOURDES	MIAMI, FL 33170 FT 3	
X Add			#203	
Remove			MIAMI. FL 33170	
4) Change	D	WHITE, WILLIAM	10711 SW 216 STREET	
X Add			#201	
Remove			MIAMI, FL 33170	
5) Change	T	ZUCKER, AMY	10711 SW 216 STREET	
X Add			#208	
Remove			MIAMI, FL 33170	
6) Change				
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		00	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		_	
			_
			_
			_
			-
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			-

T	8/1/2021	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
	8/1/2021	
Effective date if applicable:	(no more than 90 days after amendment file date)	·
Note: If the date inserted in the	ais block does not meet the applicable statutory filing requirements, to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amende sufficient for approval.	lment(s)
must be separately providea	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s, east for the amendment(s) was/were sufficient for approval	2021 AUG 1 SECRETA SECRETA
by		
8/1/202	(voting group)	19.3355 10.6 W 6: 00
DatedSignature	hior Don	A O
(By sele	a director, president of other officer – if director or officers have not exted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Javier Lopez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	