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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | | ECURITY SERVIC | ES AND INTE | ELLIGENCE,INC |
|-------------------------------|---|--|-------------------------------|--|
| DOCUMENT NUMBER: . | | P19000044935 | | |
| The enclosed Articles of Am | endment and fee are subm | nitted for filing. | | |
| Please return all corresponde | ence concerning this matte | r to the following: | | |
| | DIEUDONNE E | XUME | | |
| | | (Name of Contact P | erson) | |
| | GOLD SECURIT | Y SERVICES ANI | O INTELLIGE | NCE,INC |
| | | (Firm/ Compan | у) | |
| | 633 NE 167TH S | Γ SUITE # 1002 | | |
| | | (Address) | | |
| | NORTH MIAMI | BEACH FL 33162 | | |
| | , | (City/ State and Zip | Code) | |
| | PRIVATEEYES | 57545@GMAIL.CC | М | |
| E | -mail address: (to be used | for future annual re | port notification | n) |
| For further information conc | erning this matter, please | call: | | |
| | DIEUDONNE EXUM | E at | 786 | 2874895 |
| | (Name of Contact Person) | | | (Daytime Telephone Numbe |
| Enclosed is a check for the f | ollowing amount made pay | yable to the Florida | Department of | State: |
| ☐ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certif is Certif | 0 Filing Fee ficate of Status fied Copy tional Copy is osed) |
| Mailing A | | | reet Address mendment Sect | ion |
| Amendment Section | | | menament Sectivision of Com- | - - |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

ALLIED SECURITY SERVICES AND INTELLIGENCE, INC.

| (Name of Corporation as current | lly filed with the Florida Dept. o | (State) |
|--|---|---|
| P19000044935 | | |
| (Document Number | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For Profit Cor</i> | poration adopts the following |
| A. If amending name, enter the new name of the corporati | <u>on:</u> | |
| GOLD SECURITY SERVICES A | ND INTELLIGENCE,INC | The new |
| name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name. | ion" or "incorporated" or the abi | breviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 633 NE 167TH ST SUITE # 100 | 2 |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | NORTH MIAMI BEACH FL.33 | 162 🕏 |
| | | = |
| | | (2) |
| C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | 633 NE 167TH ST SUITE # 100 | |
| | NORTH MIAMI BEACH FL 33 | 162 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | ame of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street ad | dress) |
| | | Platt. |
| | (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | | ons of the position. |
| S | enature 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, a 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 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 X Remove X Add | PT John I V Mike SV Sally S | <u>Iones</u> | |
|----------------------------------|---|--------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change Add Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change | | | |
| Add Remove 6) Change | | | |
| Add | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
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| The date of each amendment(s) add | pption: | , if other than t |
|--|--|----------------------|
| late this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Dep | k does not meet the applicable statutory filing requirements, this date will artment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were es. | |
| Dated 08/21/2019 | | |
| Signature | | |
| have not been | nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| DIEUDO | NNE EXUME | |
| | (Typed or printed name of person signing) | |
| OWNER | / PRESIDENT | |
| | (Title of person signing) | |