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SECRETARY OF STATE
AND ANASSEE, FLORIDA

Amend Manuchs

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: U.S. SECURITY A	CADEMY CORP.			
DOCUMENT NUMBE	P19000048638	·			
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
E	MILIO LOPEZ FLEITES				
_ -		Name of Contact Persor	1		
S	SECURITY ACADEMY CORP				
_		Firm/ Company			
l	300 SW 122ND AVENUE A	APT #115			
-		Address			
N	MAMI, FLORIDA 33184-00	000			
_		City/ State and Zip Code	2		
LOPEZ	EMILIO75@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
EMILIO LOPEZ FLEI	ΓES	786 at (320 - 4878		
Name of	Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
□ \$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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

U.S. SECURITY ACADEMY, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P19000048638 (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: SECURITY ACADEMY, CORP. 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." SEGURITY ACEDEMY COLD. B. Enter new principal office address, if applicable: 7760 West 20 AVE Suite 3 (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1300 S.W 12242 AVE ADT #115 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)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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: X Change	<u>РТ</u>	John Doe	
X Remove		Mike Jones	
	V		
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		,	<u> </u>
A Charac			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).		_			
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f an amendment provides for an exch	ange, reclassification	or cancellat	ion of issued sh	ares.	
		ed in the amo	endment itself:		
provisions for implementing the ame	ndment if not contain				
(if not applicable, indicate N/A)	<u>ndment if not contain</u>				
(if not applicable, indicate N/A)	ndment if not contain				
(if not applicable, indicate N/A)	ndment if not contain				
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(if not applicable, indicate N/A)	ndment if not contain				
(if not applicable, indicate N/A)	ndment if not contain				

•	OCTOBER 31, 2019	
The date of each amendment(s) addate this document was signed.		, if other than the
	OBER 31, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	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 votes cast for the amendment fficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
ОСТОВЕР	31, 2019	
Dated		
(By a d selecte	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	
	EMILIO LOPEZ FLEITES	
	(Typed or printed name of person signing)	
	PRESIDENT/CEO	
	(Title of person signing)	