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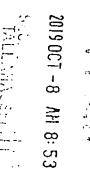
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COVER LETTER:

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: US PATROL SEC	UIRTY INC	
	ER:		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma-	tter to the following:	
	ADRIANA MONTALVO		
-	·	Name of Contact Person	1
	US PATROL SECURITY IN	'C	
-	·	Firm/ Company	
	2129 SW 27TH AVENUE		
-		Address	
	MIAMI, FLORIDA 33145		
-		City/ State and Zip Code	<u>.</u>
USPA	TROL2129@GMAIL.COM		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:at (951-2311
Name o	l'Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

US PATROL SECURITY INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000065001	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: S.F. SECURITY SERVICES INC.	<i>T</i> 1
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	—————————————————————————————————————
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u> 2
	ω_
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u> </u>
Name of New Registered Agent	
	. <u></u>
(Florida)	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
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>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>	Address	
E) Change	S	HENRY GONZALEZ	POST OFFICE BOX 351088	
X Add			MIAMI, FL 33135-7088	
Remove				
2) Change				
Add			<u></u>	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
() (I)				
6) Change			<u></u>	
Add				
Damara				

Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch provisions for implementing the ame		
(if not applicable, indicate N/A)	nament ii not containea i	in the amendment resen.
(1)		

The disks of such arroad month (a)	OCTOBER 3RD 2019	, if other than the
date this document was signed.	idoption:	II other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	· · · · · · · · · · · · · · · · · · ·	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
OCTOBE Dated	ER 3RD 2019	
Signature	Decare De l'	
(By a	director, president or other officer – if directors or officers have not been	_
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ADRIANA MONTALVO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	