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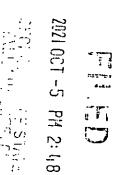
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LOYAL PROTECT	TIVE AND INVESTIGAT	IVE SERVICES INC.			
DOCUMENT NUM	BER: P21000049864					
The enclosed Articles	of Amendment and fee are sub	bmitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	MELVIN LOYAL					
	Name of Contact Person					
	LOYAL PROTECTIVE AND INVESTIGATIVE SERVICES INC					
	Firm/ Company					
	311 WEST ASHLEY STREET UNIT 305					
	Address					
	JACKSONVILLE, FL 32202					
		City/ State and Zip Code	:			
	LOYALPROTECTIVESERV	/ICES@GMAIL.COM				
	E-mail address: (to be us	ed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
MELVIN LOYAL		904 at (
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation

of

FILED

LOYAL PROTECTIVE AND INVESTIGATIVE SERVICES INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporation as currently	filed with the Florida Deggar State - 5 PH 2: 48		
P21000049864	22000 DE 07170		
(Document Number of	Corporation (if known) TALL B. SEE, FL		
Pursuant to the provisions of section 607.1006 . Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	311 WEST ASHLEY ST UNIT 305		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32202		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:	. Florida		
	City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.		
Signature of New Re	gistered Agent, if changing		
Check if applicable			

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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jo	ones .		
_X Add	<u>sv</u>	Sally Si	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	VP		Kaleea Clinkscale	2235 Eagles Hammock Blvd	
Add				Middleburg, FL 32068	
Remove	170		5 . I W I . I		
2) Change	<u>VP</u>		Pamela Westmoreland	1225 Broad St	
Add				Jacksonville, FL 32202	
X Remove		_			
Add					
Remove					
4) Change				<u></u>	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

The date of each amendme	05/26/21	, if other than the
date this document was sign	• • • • • • • • • • • • • • • • • • • •	, ii other (igni (ig
Effective date if applicable	<u>e</u> :	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will non the Department of State's records.	ot be listed as the
Adoption of Amendment(s	s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/v action was not required.	were adopted by the incorporators, or board of directors without shareholder action and sl	hareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated_~	28 StP1EM Bin 2021 And LO. Lel	
Signature	and D. Lel	
Ü	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Melvin Loyal	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	