P21000097096

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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sistel Security US INC
NAME OF CORPORATION: Sistel Sewrity US INC DOCUMENT NUMBER: P21000097096
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angel Rivero Name of Contact Person
Angel Rivero Name of Contact Person Sistel Sewrity US FINC Firm/ Company
2051 NW 112th ave
Miam FL 33172 City/ State and Zip Code
Angelsistel @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Angel Rivero at 35 717 8190 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sistel Security	US	INC				_	
(Name of Corpora	tion as cu	rrently fil	ed with the Fl	orida <u>Dept</u>	. of State)		
P2100009700							
(Docu	ment Nun	nber of Co	rporation (if ki	nown)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes	s, this <i>Flor</i>	ida Profit Cor	poration ad	lopts the fol	lowing amendme	ent(s) to
A. If amending name, enter the new name of the o	<u>corporati</u>	<u>on:</u>					
						The nev	
name must be distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	;" or "C	o". A pr	pany," or "inco ofessional cor _l	prporated" poration n	or the abbre ame-must-c	viation "Corp., contain the word	1
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		-		-			
		_			· -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	_					
		_					
D. If amending the registered agent and/or registered new registered agent and/or the new registered			<u>in Florida, en</u>	ter the nan	ne of the		
Name of New Registered Agent			<u> </u>				
	(Flor	ida street a	ddress)				
New Registered Office Address:					, Florida		
		(City)			(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered .	Agent:					
I hereby accept the appointment as registered agent.	I am fan	iliar with	and accept the	obligations	of the posi	tion.	

Signature of New Registered Agent, if changing

Check if applicable

☐ 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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Maria G Rivero	5174 NW 103rd and
Add			Doral Fl 33178
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cles, enter change(s (Be specific)			
			<u> </u>	
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	ange, reclassificati	on, or cancellation	of issued shares, ment itself:	
provisions for implementing the ame	nament if not conta			
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	<u>nament ii not cont</u>			
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nament if not conta			

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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	te)
Note: It the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the aufficient for approval.	amendment(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	wing statement nent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
(By a/d selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ted fiduciary by that fiduciary)	
	Angel Rivero	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	