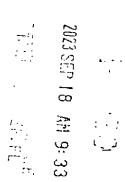
## P21000099477

| (Re                       | questor's Name)   |           |
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| Certified Copies          | _ Certificates    | of Status |
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| Special Instructions to I | Filing Officer.   |           |
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Office Use Only

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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO                         | DRATION: Decision Point Sec                 | curity, INC   |  |  |
|---------------------------------------|---|---|--|--|
| DOCUMENT NUM                          | P21000000477                                |   |  |  |
| The enclosed <i>Article</i>           | s of Amendment and fee are su               | abmitted for filing.  |  |  |
| Please return all corr                | respondence concerning this ma              | atter to the following:   |  |  |
|                                       | Ulli Steiner                                |   |  |  |
|                                       | <del></del>                                 | Name of Contact Person  | n  |  |
|                                       | Tax Professional Services, L                | LC  |  |  |
|                                       |   | Firm/ Company   |  |  |
|                                       | 1105 W Maple Ave                            | , ,   |  |  |
|                                       |   | Address   |  |  |
|                                       | Geneva, AL. 36340                           |   |  |  |
|                                       |   | City/ State and Zip Cod   | <u> </u>   |  |
|                                       | ulli@taxprollc.com                          |   |  |  |
|                                       | -   | sed for future annual report  | notification)  |  |
| For further informati<br>Ulli Steiner | on concerning this matter, plea             | se call:<br>at (  | _) 684-6398  |  |
| Name                                  | of Contact Person                           | at (<br>Area Co   | de & Daytime Telephone Number  |  |
| Enclosed is a check t                 | for the following amount made               | payable to the Florida Depa   | artment of State:  |  |
| S35 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                       |   |   | Address  |  |
|                                       | mendment Section                            |   | ment Section   |  |
|                                       | vision of Corporations  D. Box 6327         | Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |
|                                       | llahassee, FL 32314                         |   |  |  |

Tallahassee, FL 32303

## Tax Professional Services, LLC

A Financial Services Corporation 1105 W Maple Ave Geneva, Al. 36340 334-684-6398 334-684-7193 -fax www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

September 12, 2023

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

To whom it may concern,

Enclosed you will find: Articles of Amendment to Articles of Organization & check for payment.

Please register the enclosed Articles of Amendment to Articles of Organization for Decision Point Security, INC and return the original recorded Articles to us.

Thank you,

U.Stein

Ulli Steiner

Tax Professional Services, LLC

Enc.

Cert#: 7022 2410 0001 5305 9915

## Articles of Amendment to

Articles of Incorporation of

| · | ?** <u>,</u> |
|---|--------------|
|   | 3 12         |

| ly filed with the Florida   | 2023 SEP 18                        | [ 5 <b>日 0:</b> 33   |
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| ity ineu with the rioria:   | Dept. of State)                    | <u></u>  |
| 7   | rýt i                              |  |
| of Corporation (if known  | )                                  | <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>   |
| Florida Profit Corporal   | ion adopts the follo               | wing amendment(s   |
|   |                                    |  |
|   |                                    | The new  |
|   |                                    | iation "Corp.,"  |
| Al-of-Construction of the Construction of the |                                    |  |
|   | ·                                  |  |
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| P O Box 1106  |                                    |  |
| Defuniak Springs, FL  | . 32435                            |  |
|   |                                    |  |
| ress in Florida, enter th   | e name of the                      |  |
| <u>S:</u>   | te mante of the                    |  |
|   |                                    |  |
| -   |                                    |  |
| reet address)   |                                    |  |
|   | , Florida                          |  |
|   |                                    |  |
|   | P O Box 1106 Defuniak Springs, FL. | P O Box 1106 Defuniak Springs, FL., 32435  ress in Florida, enter the name of the signature. |

Check if applicable

 $\Box$  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 Doe     |                            |
|-------------------------------|--------------|--------------|----------------------------|
| X Remove                      | <u>V</u>     | Mike Jones   |                            |
| X Add                         | <u>\$V</u>   | Sally Smith  |                            |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s            |
| 1) Change                     | VP           | Amber Davis  | 189 M T McCullough Road    |
| Add                           |              |              | Defuniak Springs, FL 32433 |
| X Remove                      |              |              |                            |
| 2) Change                     | VP           | Casey M Cook | 189 M T McCullough Road    |
| X Add                         |              |              | Defuniak Springs, FL 32433 |
| Remove 3) Change              |              | _            |                            |
| Add                           |              |              |                            |
| Remove                        |              |              |                            |
| 4) Change                     |              |              |                            |
| Add                           |              |              |                            |
| Remove                        |              |              |                            |
| .5) Change                    |              | _            |                            |
| Add                           |              |              |                            |
| Remove                        |              |              |                            |
| 6) Change                     |              |              |                            |
| Add                           |              |              |                            |
| Remove                        |              |              |                            |

| 17.5                       | additional sheets, ij                | necessary), (Be :                       | specific)                                     |                                    |                                   |                                       |
|----------------------------|--------------------------------------|---|---|------------------------------------|-----------------------------------|---------------------------------------|
| ∛A<br>—––                  |                                      |   | <u> </u>                                      |                                    |                                   |                                       |
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| . <u>H an an</u><br>provis | nendment provide<br>ons for implemen | s for an exchange,<br>ting the amendmer | <u>reclassification,</u><br>11 if not contain | or cancellation<br>ed in the amend | of issued shares,<br>ment itself: |                                       |
| (if                        | not applicable, ind                  | icate N/A)                              |   |                                    |                                   |                                       |
| 7/A                        |                                      |   |   |                                    |                                   |                                       |
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|   | February 7, 2023  |                                  |
|---|---|----------------------------------|
| The date of each amendment(s) date this document was signed.        | adoption:   | if other than the                |
| Effective date <u>if applicable</u> ; <u> </u>                      |   |                                  |
|   | (no more than 90 days after amendment file date)  |                                  |
| Note: If the date inserted in this document's effective date on the | s block does not meet the applicable statutory filing requirements, thi<br>Department of State's records.   | s date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                                  |
| The amendment(s) was/were a action was not required.                | adopted by the incorporators, or board of directors without shareholder   | action and shareholder           |
| ☐ The amendment(s) was/were a by the shareholders was/were          | idopted by the shareholders. The number of votes cast for the amendm sufficient for approval.   | ent(s)                           |
|   | approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):  | 'ement                           |
|   | ast for the amendment(s) was/were sufficient for approval   |                                  |
| by  |   |                                  |
|   | (voting group)  |                                  |
| Sentem  | ber 12, 2023  |                                  |
| Dated   |   |                                  |
| Signature   |   |                                  |
| (By a selec   | director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other content inted fiduciary by that fiduciary) |                                  |
|   | David Davis   |                                  |
|   | (Typed or printed name of person signing)   | <del></del>                      |
|   | President   |                                  |
|   | (Title of person signing)   |                                  |

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