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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

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NAME OF CORPO	RATION:	Y TRAINING, INC			
DOCUMENT NUM	BER: P24000045352				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	AINSFORD JAMES				
	·	Name of Contact Person	1		
	JAMES SECURITY TRAINING, INC				
		Firm/ Company			
	18350 NW 2nd AVENUE, S	UITE 518			
		Address			
	MIAMI GARDENS FL. 3310	69			
		City/ State and Zip Code	e		
	JAMESBAILBONDS@LIVI				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
AINSFORD JAMES		at (<u></u>	5		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

JAMES SECURITY TRAINING, INC.

(Name o	of Corporation as currently filed with the Floridan Dent, of State)
P24000045352	2024 AUG 27 PM 2: 38
	(Document Number of Corporation (if known) ALL AHA COF STATE
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:
	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "orp." "Inc," or "Co". A professional corporation name must contain the word or the abbreviation "P.A."
B. Enter new principal office address,	
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter the name of the v registered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	18350 NW 2nd AVENUE, STE 518, Miami Gardens (City), Florida 33169 (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar with and accept the obligations of the position.
	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 <math>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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	p	Ainsford James	18350 NW 2nd Ave. Ste 518
Add		— ——— ——	Miami Gardens, FL, 33169
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attacl	nding or adding additional sheets, if nec	essary). (Be specif	ic)		
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		<u>.</u>			-
i Ifan	mendment provides for	r an exchange recla	ssification or can	cellation of issued	shares.
prov	sions for implementing	the amendment if n	ot contained in th	ie amendment itse	<u>If:</u>
	f not applicable, indicate				
					· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·			
				•••	
				.	
					

The date of each amendment(s) adoption:	, if other than
Effective date if applicables	
(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
(voting group)	
August 31,2024 Dated Signature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	rs have not been tee, or other court
AINSFORD JAMES	
(Typed or printed name of person signing)	
P	
(Title of person signing)	

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