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2024 DCT -2 PM 12: 41
SECRETARY OF STATE
TALLAHASSEF FI

$\underline{COVER\ LETTER}$

TO: Amendment Section Division of Corporations

• .

NAME OF CORPO	RATION: DEFCOM SYSTE	M CORP		
DOCUMENT NUM	D3 400000 01 17		·	
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corre	spondence concerning this ma	ter to the following:		
	GUSTAVO E TIRADO			
	Name of Contact Person			-
•	DEFCOM SYSTEM CORP			
	NAME .	Firm/ Company		-
	7455 COLLINS AVE SUITE 209			
Address			-	
MIAMI BEACH FL 33141				
City/ State and Zip Code			NOZA SEC	
	CORPGTLSOLUTIONS@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	AH AH
For further information	on concerning this matter, pleas	se call:		2024 OCT -2 PM 12: 41 SECRETARY OF STAT TALLAHASSEE, FL
GUSTAVO E TIRADO		954 at (901-8053	PATE 1
Name of Contact Person		Area Co	de & Daytime Telephone Numbe	<u></u>
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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 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

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(None of Communities on a support	the Chad with the Plantide Dant of State)	_
P24000060146	tly filed with the Florida Dept. of State)	
	of Corporation (if known)	_
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	·	to
A. If amending name, enter the new name of the corporation:		
DEFCON SYSTEM CORP	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	1960 MARSEILLE DR APT 402	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI BEACH, FL. 33141	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1960 MARSEILLE DR APT 402 S 景	
	MIAMI BEACH, FL. 33141	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Florida si	trevt address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
Signature of New 1	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:	DT	Luka Du	
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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JESUS MOYA LOPEZ	1960 MARSEILLE DR APT 402
Add			MIAMI BEACH, FL. 33141
Remove			
2) X Change	VP	LETICIA PEREZ CLEMENTE	1960 MARSEILLE DR APT 402
Add			MIAMI BEACH, FL. 35 C
Remove 3) Change			
Add			OF S.
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

FILED

(Attach additional sheets, if necessary). (Be specific)	
	
	<u>s</u>
	SECRETARY OF ST TALLAHASSEE,
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	LA+
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	RY (
(ij noi appiicame, maicaie NA)	OF S SEE,
	P A
	<u>m</u>
	<u> </u>
	

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more than 90 days after amenament fue date	,
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the air ficient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	••	
0,	(voting group)	
selected appoint	ector/president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary) ESUS MOYA LOPEZ (Typed or printed name of person signing) NCORPORATOR AND PRESIDENT	
	(Title of person signing)	