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| PICK-UP                        | WAIT MAIL                             |
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| (Business                      | Entity Name)                          |
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| (Documer                       | nt Number)                            |
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| Certified Copies               | Certificates of Status                |
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| Special Instructions to Filing | Officer:                              |
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DIVISION OF CORPORATIONS

## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA             | TION: Golden                               | ) Security (  | Guard, INC.  |
|-----------------------------|--|---|--|
| DOCUMENT NUMBER             | R:   |   |  |
| The enclosed Articles of    | Amendment and fee are su                   | bmitted for filing.   |  |
| Please return all correspo  | ndence concerning this ma                  | itter to the following:   |  |
| Pel                         | promova                                    |   |  |
|                             | Na   | ame of Contact Person   |  |
|                             | olden Seci                                 | VITY GUAN   | rd, Inc.   |
| lo S                        | 0 N.W. 14.                                 | 51 # 141  |  |
| <u></u>                     |  | Address   |  |
| Mi                          | gm, 41.                                    | 33136   |  |
|                             | Ci   | ty/ State and Zip Code  |  |
| Am                          | E-mail address: (to be us                  | on 222 O Ao sed for future annual report                          | notification)  |
| For further information c   | oncerning this matter, plea                | se call:  |  |
| Pedro Mora                  | 7  | at ( <u>786</u>   | de & Daytime Telephone Number  |
| Name of C                   | Contact Person                             | Area Co   | de & Daytime Telephone Number  |
| Enclosed is a check for the | ne following amount made                   | payable to the Florida Dep  | artment 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) |
| <u>Mailin</u>               | g Address                                  | Street  | Address  |

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2011

PEDRO MORA GOLDEN SECURITY GUARDS, INC. 1050 NW 14TH ST. #141 MIAMI, FL 33136

SUBJECT: GOLDEN SECURITY GUARDS, INC.

Ref. Number: S93111

We have received your document for GOLDEN SECURITY GUARDS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF DOCUMENTS ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 011A00026803

Atlached Driv

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## Articles of Amendment to Articles of Incorporation

occurity GUAVA TING.

Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| TI I I I I I I I I I I I I I I I I I I   | - the annual the amount is             | <u>. Н</u>               | gornarated" or th  |
|--|--|--------------------------|--------------------|
| The new name must be distinguishable and contain<br>abbreviation "Corp.," "Inc.," or Co.," or the de<br>name must contain the word "chartered," "profess | signation "Corp," "In                  | ic," or "Co". A profes   | isional corporatio |
| B. Enter new principal office address, if applica  | ible:                                  | NIA                      |                    |
| (Principal office address MUST BE A STREET A   |  |                          |                    |
|  | _                                      |                          |                    |
| C. Enter new mailing address, if applicable:   |  | NIA                      |                    |
| (Mailing address <u>MAY BE A POST OFFICE</u>   | <u>BOX</u> )                           | 10 (14                   |                    |
|  | <u></u>                                |                          |                    |
|  |  |                          |                    |
|  | _                                      |                          |                    |
| D. If amending the registered agent and/or regingly new registered agent and/or the new register   |  | in Florida, enter the na | nme of the         |
| new registered agent and/or the new register   | ed office address:                     |                          | ame of the         |
|  | ed office address:                     |                          | nme of the         |
| new registered agent and/or the new register   | ed office address:                     |                          | nme of the         |
| new registered agent and/or the new register   | ed office address:  (Florida street ad |                          |                    |
| new registered agent and/or the new register  Name of New Registered Agent:  | ed office address:                     | ldress)                  | -                  |
| new registered agent and/or the new register  Name of New Registered Agent:  | ed office address:  (Florida street ad | ldress)                  |                    |
| new registered agent and/or the new register  Name of New Registered Agent:  | (Florida street ac<br>(City)           | ldress), Florida         | a(Zip Code)        |

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s)     | <u>Name</u>                           | Ad                      | <u>dress</u>                              |
|--------------|---------------------------------------|-------------------------|---|
| 1 <u>)</u> P | Pedro mora                            | <u></u>                 | 141 # 12 1.W.Y 02                         |
|              |                                       | <u></u>                 | 11am 1 fl. 33136                          |
| 2)           |                                       |                         | ······                                    |
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| 3)           |                                       |                         |   |
| 4)           |                                       |                         |   |
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| 5)           |                                       |                         |   |
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| 6)           |                                       |                         |   |
|              |                                       |                         |   |
| If REMOVING  | an officer and/or director, please li | st the title(s) and nai | me of the officer/director to be removed: |
| Title(s)     | Name                                  | Title(s)                | <u>Name</u>                               |
| 1)(          | Redro medina                          | 4)                      |   |
| 2)           |                                       | 5)                      |   |
| 3)           |                                       | 6)                      |   |

| E. If amending or adding additional Art   | ticles, enter cha | nge(s) here: |
|---|-------------------|--------------|
| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific)     | N/A          |
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| provisions fo               | or implementing the amendment if not contained in the amendment itself:  plicable, indicate N/A)   |
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| he date of each             | amendment(s) adoption: \\ \langle \lan |
|                             |  |
| ffective date if :          | applicable:  |
| <u></u>                     | applicable: (no more than 90 days after amendment file date)   |
|                             |  |
| 1 4 64                      | L (A) (OVER OVER)  |
| doption of Ame              | endment(s) (CHECK ONE)   |
|                             | nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.   |
|                             | nt(s) was/were approved by the shareholders through voting groups. The following statement ately provided for each voting group entitled to vote separately on the amendment(s):   |
| "The nun                    | nber of votes cast for the amendment(s) was/were sufficient for approval   |
| hv                          | .,,  |
| oy                          | (voting group)   |
|                             | (100000000)  |
| The amendmer action was not | nt(s) was/were adopted by the board of directors without shareholder action and shareholder required.  |
| The amendmen action was not | nt(s) was/were adopted by the incorporators without shareholder action and shareholder required.   |
|                             | DatedSignature   |
|                             |  |
|                             | Signature  |
|                             | (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)   |
|                             | (Typed or printed name of person signing)  |
|                             | (Typed or printed name of person signing)  |
|                             | _  |
|                             | <u> </u>   |
|                             | (Title of person signing)  |