# P06000118885

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** Comoco, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stefan Comorek Name of Contact Person Firm/ Company 2195 Princeton St Address Sarasota FL 34237 City/ State and Zip Code berkanambc@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941 ) 330-6665

Area Code & Daytime Telephone Number Stefan Comorek Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

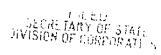
## **Mailing Address**

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

#### Street Address

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

### Articles of Amendment to Articles of Incorporation of



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Comoco, Inc.		rom KOA SA T	1H
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)	
P06000118885			
	(Document Number o	f Corporation (if known)	
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	ame of the corporation:		
N/A		The new	
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the	
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C F-4	5		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
<u> </u>			
		<del></del>	
D. If amending the registered agent ar			
new registered agent and/or the ne		<u>!</u>	
Name of New Registered Agent	N/A		
	(Florida str	eet address)	
New Registered Office Address:	N/A	Ploride	
New Registerea Office Address.		(City) (Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent	<u> </u>	
I hereby accept the appointment as regis	tered agent. I am familiar i	with and accept the obligations of the position.	
	Signature of Nov. F	Peaistered Agent if changing	

# 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.

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	Stefan Comorek	2195 Princeton St
Add			Sarasota FL 34237
X Remove			
2) Change	<u>s</u>	Stefan Comorek	2195 Princeton St
Add			Sarasota FL 34237
X Remove			
3 ) Change	<u>P</u>	Erik Koncok	2195 Princeton St
X Add			Sarasota FL 34237
Remove			
4) Change	<u>s</u>	Erik Koncok	2195 Princeton St
X Add			Sarasota FL 34237
Remove			
5) Change	<u></u>	<u> </u>	
Add			
Remove			
0 0			
6) Change		<del></del>	
Add			
Remove			

L. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
i/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	manient if not contained in the amendment usen:
/A	
	•

10/31/2016		
The date of each amendment(s) adoption:	, if	other than the
date this document was signed.	THE	.i.
Effective date if applicable:	DELYETARY DEVISION OF CO	OF STATE FEORATOR
(no more than 90 days after amendment file date)	·····	
	2016 NOV 29	AH 11: 12
<b>Note:</b> If the date inscreed in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not b	e listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s).		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"  (voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er	
10/31/2016 <sub>j:</sub>		
Dated		
$\sim$ $\Lambda$ .		
Signature	<del></del>	
(By a director, president or other officer – if directors or officers have not leaders to be selected, by an incorporator – if in the hands of a receiver, trustee, or other		
appointed fiduciary by that fiduciary)	Court	
Erik Koncok		
(Typed or printed name of person signing)		
President		
(Title of person signing)		