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AUG 24 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ITALMATIC CORPORAT	ION					
DOCUMENT NUMBER:	P14000006264		2222				
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence co	ncerning this matter to the following	owing:					
	MONIQUE TRO	NCONE CPA	\				
	Name of C	ontact Person					
MONIQUE TRONCONE CPA PA							
	Firm/	Company.					
	55 NE 5TH AVE	NUE SUITE 5	01				
	A	ldress					
	BOCA RATO	N FL 33432					
	City/ State	and Zip Code					
	MONIQUE@TRONCONI	E-CPA.COM					
E-mail	address: (to be used for future	annual report i	notification)				
For further information concerning this matter, please call:							
MONIQUE TRONCO	NE CPA at	(417-0308				
Name of Contact Pe		Area Coo	le & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:							
	ficate of Status Certified	al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amenda Division Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301				

Articles of Amendment to Articles of Incorporation of

ITALMATIC CORPORATION

(Name of		tly filed with the Florida Dept. of State)		
	P1400000	6264		, ,	
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing amen	dment(s)	to
A. If amending name, enter the new name	me of the corporation:				
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ition "Corp," "Inc," or	"Co". A professional corporation name	The the abbrevia must contain	tion	
B. Enter new principal office address, i	f annlicable:	55 NE 5TH AVENUE SUITE 501	44 25 هميلا	2	
	(Principal office address <u>MUST BE A STREET ADDRESS</u>)		223	AUG -	
			ASS	_5	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		55 NE 5TH AVENUE SUITE 501	E 10.5	I.	
induing dadress <u>man be at ost o</u>	T T T CLL BOTO	BOCA RATON FL 33432	22.5	–°; ->; -œ;	
D. If amending the registered agent and new registered agent and/or the new				_	
Name of New Registered Agent	MONIQUE TRONCO	NE CPA			
	55 NE 5TH AVENUE	SUITE 501			
	(Florida .	street address)			
New Registered Office Address:	BOCA RATON , Florida		33432		
		(City)	(Zip Code)		
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registered Age ered agent. I am familia	nt: r with and accept the obligations of the po	osition.		
	Signature of New	Registered 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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jor	<u>nes</u>		
<u>X</u> Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove					
2) Change		_			+ 199-5
Add					
Remove					
3) Change		_		-	·····
Add				-	
Remove				•	
4) Change				-	
Add				-	
Remove				-	
5) Change					
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Remove				-	
					
6) Change	<u> </u>			-	
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Remove					

	(Be specific)			
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•	AUGUST 10TH 2016	
The date of each amendment(s) add date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	rill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
AUG	GUST 10TH 2016	
DatedSignature	Parti Nocio	
(By a dire	ctor, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	MASSIMO GHITTURI	
-	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	