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L. Jaker



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Comar	ch, Inc.	
DOCUMENT NUMBER: P0200009	99861	
The enclosed Articles of Amendment and fee		
Please return all correspondence concerning	this matter to the following:	
Agnieszka R	aszewska	
	Name of Contact Perso	n
Comarch, Inc	D.	
	Firm/ Company	
9450 W. Bryr	n Mawr Ave, Suite 3	25
	Address	
Rosemont, IL		
	City/ State and Zip Cod	e
agnieszka raszer	wska@comarch.con	n
	to be used for future annual report	
		,
For further information concerning this matte	er, please call:	
Agnieszka Raszewska	at (847	, 260-5500 x 2110
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Depa	artment of State:
□ \$35 Filing Fee □\$43.75 Filing F Certificate of St		S52.50 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	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SCORE OF STATE STATE OF STATE OF STATE

Comarch, Inc. -c 22 PM 2: 37 (Name of Corporation as currently filed with the Florida Dept. of State) P02000099861 (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; A. If amending name, enter the new name of the corporation: N/A _The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Janusz Filipiak	9450 W. BRYN MAWR AV
Add			SUITE 325
Remove		·	ROSEMONT, IL 60018
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove		•	
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific	C)		
V/A	-		··
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If an amondment analysis for an analysis are	imantian an anna	relication of issued shows	
If an amendment provides for an exchange, reclass provisions for implementing the amendment if not	t contained in the	e amendment itself:	7
(if not applicable, indicate N/A)			
I/A			
			
	<u></u>		
	·		
	<u> </u>		

The date of each amendment(s) adoption: December 01, 20	114 FILLU STATE	_, if other than the
date this document was signed.	SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS	•
Effective date if applicable: December 01, 2014	-0.00 PM 2: 37	•
(no more than 90 d	days after Amendment file date)	
	•	•
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The moby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vo		
"The number of votes cast for the amendment(s) was/were s	sufficient for approval	
by(voting group)	,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors w action was not required.	ithout shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators withou action was not required.	ut shareholder action and shareholder	
Dated 17/16/2014		
Signature		
(By a director, president or other officer selected, by an incorporator — if in the happointed fiduciary by that fiduciary)	r – if directors or officers have not been hands of a receiver, trustee, or other court	
Darius Ner		
(Typed or prin	nted name of person signing)	•
President		

(Title of person signing)