Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6380

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P.A.

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number : 076424003301 : (813)223-7474 : (813)227-0435 Phone

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SICOMA NORTH AMERICA, INC.

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July 29, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SICOMA NORTH AMERICA, INC. *FAX FILING**TRENAM, KEMKER, SCHARF, BAR SUITE A TARPON SPRINGS, FL 34689

SUBJECT: SICOMA NORTH AMERICA, INC.

REF: P09000028966

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within $60\,\mathrm{hm}_\odot$ adays or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please: $\sqrt{2}$ call (850) 245-6050.

Tina D Cannon Regulatory Specialist II FAX Aud. #: H15000182802 Letter Number: 415A00015910

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Articles of Amendment to Articles of Incorporation of

Sicoma North America, Inc.		
(<u>Name</u>	of Corporation as currently filed with the Florida Dept. of State)	
P09000028966		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation adopts the followin	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	stain the word "corporation," "company," or "incorporated" or the a mation "Corp," "Inc," or "Co". A professional corporation name must o ution," or the abbreviation "P.A."	bbreviation contain the
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
 If amending the registered agent an new registered agent and/or the new 	nd/or registered office address in Florida, enter the name of the wregistered office address:	
Name of New Registered Agent	N/A	
	(Florida street address)	
New Registered Office Address:	(Ciry) Florida (Zip C	Code)
New Registered Agent's Signature, if continued the Agent's Signatu	hanging Registered Agent: ered agent. I am familiar with and accept the obligations of the position.	TALLABASSES 15 JUL 28 A
 	Signature of New Registered Agent, if changing	AH II: O

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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		
_ <u>X</u>	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	D	Randy Johnson	11300 47th Street North	
Add X Remove			Clearwater, FL 33762	
2) Change	VP	Marianne Johnson	11300 47th Street North	
X Add			Clearwater, FL 33762	
Remove				
3) Change				S
Add				
Remove			<u></u>	: زر
4) Change			M : 0 € 0 € 0 € 0 € 0 € 0 € 0 € 0 € 0 € 0	٠. در در
Add			0 ORID	
Remove			>	'1
5) Change	<u></u>			
Add				
Remove				
6) Change		-		
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)	
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The date of each amendment(s) adoption: date this document was signed.	if othe	r than the
Effective date if applicable: (no more than 90 days after amendment file date)		-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be lis	ted 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(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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		≓
hv. "	55). 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
by		250
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	L 28 AH II:	35.55 78.41 11.41
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		OF STA
July 28, 2015 Dated	9	ALDA TE
Signature (By a director, president or other officer – if directors or officers have not been		
(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)	•	
Luca Galletti		
(Typed or printed name of person signing)		-
Director		
(Title of person signing)		•