P10000094535

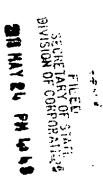
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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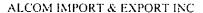
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALCOM IMPORT	T & EXPORT INC		
DOCUMENT NUMBER: P10000094535			
The enclosed Articles of Amendment and fee are so	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
ALMERINDO REIS FILHO)		
	Name of Contact Pe	erson	
Alcon	Cocourac	h1 ~	
	Firm/ Company	Nc.	
	Address		
870 NW 86TH AVE 703			
	City/ State and Zip (Code	
ALCOM.IE@HOTMAHL.COM			
E-mail address: (to be u	sed for future annual rep	ourt notification)	
For further information concerning this matter, plea	se call:		
ALMERINDO REIS FILHO	954 at (Node & Daytime Telephone Number	
Name of Contact Person	Area	Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida E	Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& □\$52.50 Filing Fee Certificate of Status	
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 Articles of Incorporation



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

P10000094535 (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:

ALCOM Services INC.

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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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:

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 Do	<u>oe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

Attach additional	Iding additional Artic sheets, if necessary).	(Be specific)				
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	N/ f:					
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£			4.	11 at 61		
provisions for in	provides for an exchapplementing the amer	ange, reciassine	ation, or canc ntained in the	amendment it	<u>eq snares,</u> self:	
(if not applic	able, indicate N/A)			•		
	N/A					
• .						***
,				-	-	
					<u></u>	
						_

The date of each amendment(s) ad	03/23/2018 option:	, if other than the
date this document was signed.	·	···
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	ı
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
03/23/2018 Dated		
Signature A	Imerindo RFIIhas	
(By a di selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	ALMERINDO REIS FILHO	
-	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
-	(Title of person signing)	