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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	COMACONS INC	
DOCUMENT NUMBER:		PI12000038814	
The enclosed Articles of Am	endment and fee are:	submitted for filing.	
Please return all corresponde	nce concerning this m	atter to the following:	
	Т.	ERESA RICCARD	I
		Name of Contact Pers	on
		ICOMACONS	INC
		Firm/ Company	
	1124V SU	NSET Pt Dr # 301	
	Clea	Address Arwater FL 33755	
•		City/ State and Zip Coc	de
		icomacons@gmai	
E-	mail address: (to be u	sed for future annual report	notification)
or further information concer	ning this matter, pleas	se call:	
TERESA RICCAR	DI	at (_727	v 439-0130
Name of Contact	rt Person		de & Daytime Telephone Number
inclosed is a check for the foll	owing amount made p		
S35 Filing Fee	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7	Amendi Division Clifton	Address nent Section 1 of Corporations Building (coutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as cur	rently filed with the Flo	rida Dent of State)		_
	P12000038814	rijua pept. Or State)		
(Document Nu	umber of Corporation (if	known)		_
Pursuant to the provisions of section 607.11006 Is Articles of Incorporation:	, Florida Statutes, this F.	lorida Profit Corporation	adopts the followi	ng amendment(
. If amending name, enter the new name	of the corporation:			
		/ A		
ame must be distinguishable and contain Corp.," "Inc" or Co" or the designation ord "chartered." "professional association,	"Corp." "Inc." or "Ci	". A professional carna	porated" or the a ration name must	_The new abbreviation contain the
Enter new principal office address, if ap	plicable:			
Principal office address MUST BE A STREE	ET ADDRESS)	N/A		-
				_
				_
Enter new malling address, if applicable (Malling address MAY BE A POST OFF)	E CE BOY	N/A		
ALL SHOULD IN	CE PUA			_
				-
				-
If amending the registered agent and/or	registered office address	in Florida, enter the nar	ne of the	
new registered agent and/or the new regi	stered office address:	N/A		
Name of New Registered Agent			-	
	(Florida street	address		
New Registered Office Address:	N/A	•	N/A	
CONTRACTOR OFFICE ADDRESS.	(City)	, Florida	(Zip Code)	
			·	
Desirational Assessity Co.				
w Registered Agent's Signature, if changing ereby accept the appointment as registered a	og Registered Agent: gent. – Lam familiar with	and accept the oblivation	in the podition	
	N/A	and the same to th	C)	1 1
Signature	e of New Registered Ager	ot. if changing	<u> </u>	_ '
,		* *	<u> </u>	ט ויין
			G.	400

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	Ţ	FABRIZIO CIANCIO	1799 Highland ave - unit. 177
Add			CLEARWATER, FL 33755 - US
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			-

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/A) N/A		or adding addition on al sheets, if neces	isary) (Be spe	cific)		
f an amendment provides for an exchange, reclassification, or cancellation of issued ahares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)		- •	•			
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	provisions fo		1	V/A		

The date of each amendment(s	31 August 2017	, if other than the
date this document was signed.	15 SEPTEMBER 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	N / A	
v)	(voting group)	
action was not required.	adopted by the hoard of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
	5 SEPTEMBER 2017	
Dated	· der hoste	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Carlo Chiarelli	
	(Typed or printed name of person signing)	
	as President	
	(Title of person signing)	

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