P15000040588

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MAY 26 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	ICONPM CORP	
DOCUMENT NUMB	ER:	P15000040588	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	MANFRED SPIECKER		
-		Name of Contact Person	1
	MANFRED SPIECKER		
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	650 NE 122ND ST		
-		Address	
	NORTH MIAMI, FL 33161		
-		City/ State and Zip Code	
For further information	E-mail address: (to be us		DINNAD, COM notification)
MANFRED SPIECKE	ER	7 8 6	333-9113
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Induction Section Ission of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation**



ICONPM CORP

(Name)	of Corporation as currently filed with the Florida Dep	t. of State)
	P15000040588	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this Florida Profit Corporation a	dopts the following amendment
A. If amending name, enter the new na	ame of the corporation:	
	tain the word "corporation," "company," or "incorporation "Corp," "Inc," or "Co". A professional corportion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if application (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, enter the nar v registered office address:	me of the
Name of New Registered Agent	MANFRED SPIECKER	
	650 NE 122ND ST	
	(Florida street address)	
New Registered Office Address:	NORTH MIAMI	, Florida 33161
	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent: ered agent. I am familiar with and accept the obligation	as of the position
	H /ihi	is 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 <math>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	Name	<u>Addres</u> s
1) Change	P S	KENNEDY, RYAN	650 NE 122ND ST
Add X Remove			NORTH MIAMI, FL 33161
2) Change	Р	SPIECKER, MANFRED	650 NE 122ND ST
X Add			NORTH MIAMI, FL 33161
Remove			\
3) Change	S	SPIECKER, MANFRED	650 NE 122ND ST
X Add			NORTH MIAMI, FL 33161
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

T/A	Iding additional Arti sheets, if necessary).	(Be specific)			
I/A					
	·				· · · · · · · · · · · · · · · · · · ·
					
		 			
		· · · · · ·			•
	nrovides for an exch	range, reclassificati	on, or cancellation	of issued shares.	
If an amendment	The state of the state of	ndmont if not cont	ained in the amend	ment itself:	
If an amendment provisions for in	<u>iplementing the ame</u>	nament a not cont			
(if not applic	nplementing the ame cable, indicate N/A)	nament ii not cont			
(if not applic	nplementing the ame vable, indicate N/A)	ngment ii not cone	-		
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(if not applic	nplementing the ame nable, indicate N/A)	Induction in not contain	-		
If an amendment provisions for in (if not applied) /A	aplementing the ame	indifficial in not cont.			

	05/20/2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	20/2016	
Effective date if applicable:		after amendment file date)
	(no more than 90 days i	after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number officient for approval.	er of votes cast for the amendment(s)
	proved by the shareholders through vo each voting group entitled to vote sep	oting groups. The following statement parately on the amendment(s):
	for the amendment(s) was/were suffic	cient for approval
by		
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors withou	t shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without sha	reholder action and shareholder
05/20/2010	5	
DatedSignature	H. Minh	
	lirector, president or other officer - if	
	d, by an incorporator – if in the hands ted fiduciary by that fiduciary)	of a receiver, trustee, or other court
арроп	ted fiddelary by that fiddelary)	
	MANFRED SPIECKER	
	(Typed or printed name of	f person signing)
	PRESIDENT	
	(Title of perso	on signing)