P2300008813

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	INECON SERVICES CO	RP			
DOCUMENT NUMB		P23000008813				
	of Amendment and tee are su	bmitted for filing.	<u>. </u>			
Please return all corres	- pondence concerning this ma	tter to the following:				
	RICARDO A. GOMEZ					
		Name of Contact Persor				
	INECON SERVICES CORP					
•	Firm/ Company					
	5901 NW 61ST AVE STE 310					
	Address					
	FORT LAUDERDALE FL 33319					
	City/ State and Zip Code					
	RIGOMECHI@YAHOO.COM					
		sed for future annual report	notification)			
For further information	reoncerning this matter, please	se call: 954	1			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

INECON SERVICES CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P23000008813 (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 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 BON) 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: _, Florida_ 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e), F.S.

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)

Add

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 PT John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address Name (Check One) ∇P HUGO GARCIA 8537 NW 21ST CT 1) ____ Change CORAL SPRINGS FL 33071 ____ Add _ Remove 2) ____ Change _____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change __ Add __ Remove 5) ____ Change __ Add Remove δ) ____ Change

Attach additional sheets, if necessary).	
	the desired
	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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	adoption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	pproved by the shateholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	ŗ	
, ,	(voting group)	
03/22/20. Dated	23	
Signature	25 jeurs	
selec	director, president or other officer – if directors or officers have n ted, by an incorporator – if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	
	RICARDO A. GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	