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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BLANCOM PROPERTIES, INC. DOCUMENT NUMBER: P29223 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIEGO TARANTINO Name of Contact Person BLANCOM PROPERTIES, INC. Firm/ Company 1521 ALTON ROAD, SUITE 367 Address MIAMI BEACH, FL 33139 City/ State and Zip Code BLANCOMPROPERTIES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 632-8213

Area Code & Daytime Telephone Number DIEGO TARANTINO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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Articles of Amendment Articles of Incorporation

of BLANCOM PROPERTIES, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P29223	,
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian 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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	<u>i Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	PD	BRUNO A. CAMPOLO	1521 ALTON ROAD, SUITE 367
Add			MIAMI BEACH, FL 33139
X Remove			
2) Change	TD	TITO A. CAMPOLO	1521 ALTON ROAD, SUITE 367
Add			MIAMI BEACH, FL 33139
X Remove			
3) Change	PVTSD	ANTONIO M. CAMPOLO	1521 ALTON ROAD, SUITE 367
X Add			MIAMI BEACH, FL 33139
Remove			
4) Change		N/ A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

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. If amending or adding additional A	Articles, enter change(s) here:
(Attach additional sheets, if necessary	y). (Be specific)
N/A	
. If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)))
N/A	
<u> </u>	

Page 3 of 4

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	AUGUST 21, 2017		
The date of each amendment(s)	adoption:		, if other than the
date this document was signed.	orionen ia cola		
Effective date if applicable:	CTOBER 17, 2017		
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in thi document's effective date on the		e statutory filing requirements, this date w	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were		nber of votes cast for the amendment(s)	
The amendment(s) was/were must be separately provided	approved by the shareholders through for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were su	fficient for approval	
by		•••	
	(voting group)		
☐ The amendment(s) was/were action was not required.	adopted by the board of directors with	nout shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without	shareholder action and shareholder	
OCTOE Dated	ER 17, 2017	_	
(By sele		if directors or officers have not been nds of a receiver, trustee, or other court	·
ару	ANTONIO M. CAMPOLO		
	(Typed or printed name	e of person signing)	
	PRESIDENT		
	(Title of pe	erson signing)	