## P15000056506

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
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| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | . MAIL      |
| (Bu                     | isiness Entity Nan | ne)         |
| . (Do                   | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
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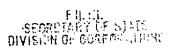
## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | AATION: Comlink Total So                                 | lutions Corp   |  |
|--------------------------|--|--|--|
| DOCUMENT NUME            |  |  |  |
|                          | of Amendment and fee are su                              | abmitted for filing.   |  |
| Please return all corres | pondence concerning this ma                              | tter to the following:   |  |
|                          | Matthew Santini  |  |  |
| •                        |  | Name of Contact Perso  | on .   |
|                          | Comlink Total Solutions Cor                              | тр   |  |
|                          |  | Firm/ Company  |  |
|                          | 11667 Eros Rd  |  |  |
| •                        |  | Address  |  |
|                          | Lehigh Acres FL 33971                                    |  |  |
| •                        |  | City/ State and Zip Coo  | de   |
| matt@                    | comlinksmb.com   |  |  |
| <del> </del>             | E-mail address: (to be us                                | sed for future annual repor  | t notification)  |
| For further information  | concerning this matter, please                           | se call:   |  |
| Matthew Santini          |  | at (   | 839-1588   |
| Name o                   | f Contact Person   | Area Co  | ode & Daytime Telephone Number   |
| Enclosed is a check for  | the following amount made                                | payable to the Florida Dep   | 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<br>Divis            | ing Address Indment Section Ion of Corporations Box 6327 | Amen<br>Divisi   | Address dment Section on of Corporations n Building                                    |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Comlink Total Solutions Corp

15 OCT 26 AM 7: 43

| (Name of Corporation as current) Comlink Total Solutions Corp   | y filed with the Florida Dept. of State)                |  |  |
|---|---|--|--|
| Comlink Total Solutions Corp DIGNO  |   |  |  |
| · II. 3011/1  | olutions Corp P150000515016                             |  |  |
| (Document Number of   | f Corporation (if known)                                |  |  |
| ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:  | Florida Profit Corporation adopts the following amendme |  |  |
| . If amending name, enter the new name of the corporation:  |   |  |  |
|   | The new   |  |  |
| ame must be distinguishable and contain the word "corporation<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "<br>ord "chartered," "professional association," or the abbreviation "    | Co". A professional corporation name must contain the   |  |  |
| . Enter new principal office address, if applicable:  | 1342 Colonial Blvd                                      |  |  |
| Principal office address MUST BE A STREET ADDRESS )   | Unit 231 Bldg K   |  |  |
|   | Fort Myers FL, 33907                                    |  |  |
| . Enter new mailing address, if applicable:   |   |  |  |
| (Malling address MAY BE A POST OFFICE BOX)  |   |  |  |
| (Malling address <u>MAY BE A POST OFFICE BOX</u> )  |   |  |  |
| (Malling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address new registered agent and/or the new registered office address                               |   |  |  |
| (Malling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address new registered agent and/or the new registered office address                               | <u> </u>  |  |  |
| (Malling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  Name of New Registered Agent | <u> </u>  |  |  |

## 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.

| 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) | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s      |
| 1) Change                  | VPS          | Antonio Dominguez | 5003 SW 16th PL      |
| Add                        |              |                   | #207                 |
| x Remove                   |              |                   | Cape Coral FL, 33914 |
| 2) Change                  | VP           | Joseph Freda      | 3223 SW 1st AVE      |
| x Add                      |              |                   | Cape Coral FL, 33914 |
| Remove                     |              |                   |                      |
| 3) Change                  |              |                   | ·····                |
| Add                        |              |                   |                      |
| Remove                     |              |                   |                      |
| 4) Change                  |              |                   |                      |
| Add                        |              |                   |                      |
| Remove                     |              |                   |                      |
| 5) Change                  |              |                   |                      |
| Add                        |              |                   |                      |
| Remove                     |              |                   |                      |
| <b>6</b> ) 01              |              |                   |                      |
| 6) Change                  |              |                   |                      |
| Add                        |              |                   |                      |
| Remove                     |              |                   |                      |

| (Att      | mending or adding additional Articles, enter change(s) here: uch additional sheets, if necessary). (Be specific)   |
|-----------|--|
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| <u>pr</u> | n amendment provides for an exchange, reclassification, or cancellation of issued shares, existing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  Dominguez will be transferring all 40 of his shares to Joseph Freda |
| The co    | poration should reflect 60% of the shares owned by Matthew Santini and 40% of the shares will now be owned by  |
| oseph     | Freda  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |

| The date of each amendment(s)                                  | adoption:   | , if other than the   |
|--|---|---|
| date this document was signed.                                 |   | First   |
| Effective date <u>if applicable</u> :                          |   | SEGRETALY OF STAR   |
|  | (no more than 90 days after ame   | endment file date)  |
| Mate: If the data incorted in this                             | block does not most the applicable statutory fi   | 15 OCT 26 AM 7: 43 ling requirements, this date will not be listed as the |
| document's effective date on the D                             |   | ing requirements, and date with not be listed as the                      |
| Adoption of Amendment(s)                                       | (CHECK ONE)   |   |
| The amendment(s) was/were ac<br>by the shareholders was/were s | lopted by the shareholders. The number of votes ufficient for approval.   | s cast for the amendment(s)   |
|  | proved by the shareholders through voting grour each voting group entitled to vote separately of  |   |
| "The number of votes cas                                       | t for the amendment(s) was/were sufficient for a  | pproval   |
| by   |   |   |
| •  | (voting group)  |   |
| ☐ The amendment(s) was/were action was not required.           | lopted by the board of directors without shareho  | lder action and shareholder   |
| ☐ The amendment(s) was/were action was not required.           | lopted by the incorporators without shareholder   | action and shareholder  |
| 10/22/201<br>Dated   | 5   |   |
| Signature  | Natter Soft   |   |
| (By a select   | director, president or other officer – if directors ed, by an incorporator – if in the hands of a recented fiduciary by that fiduciary) |   |
|  | Matthew Santini   |   |
|  | (Typed or printed name of person s  | igning)   |
|  | CEO/President   |   |
|  | (Title of person signing  | g)  |