## P15000056566

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DECRETARY OF STATE

MAR 1 6 2016 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: Comlink Total Solutions Corp **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew Santini Name of Contact Person Comlink Total Solutions Corp Firm/ Company 1342 Colonial Blvd Unit 231Bldg K Address Fort Myers FL 33907 City/ State and Zip Code matt@comlinksmb.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew Santini Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Comlink Total Solutions Corp

	Name of Corporation as current	tly filed with the Florida Dept. of State)			
Comlink Total Solutions Corp	P15000056506				
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of secti its Articles of Incorporation:	on 607.1006, Florida Statutes, this	s Florida Profit Corporation adopts the fol	lowing ame	endmen	t(s) t
A. If amending name, enter the	new name of the corporation:				
			The	new	
"Corp.," "Inc.," or Co.," or the		on," "company," or "incorporated" or "Co". A professional corporation name "P.A."			
B. Enter new principal office ac (Principal office address MUST)		<del></del>			
			2-16	20	
O Fatour			70 - TA		
C. Enter new mailing address, (Mailing address MAY BE A			五二	MAR	: يوسه، داموري
			185. 185.	,	 
			- <del>- 1</del> 5	=	I E
			<del>2</del> 2	<u>ဖွ</u> သ	•
	gent and/or registered office add the new registered office addres	fress in Florida, enter the name of the	33 <del>-</del>	~	
		<u>v.</u>			
Name of New Registered	Agent				
	(Florida st	reet address)	<del></del>		
New Registered Office Ac	· ·	,			
New Negistered Office Ac	101655.	(City) , Florida_	(Zip Code)		
			•		
New Degistered Agent's Signatur	re, if changing Registered Agent	••			
I hereby accept the appointment a	s registered agent. I am familiar	with and accept the obligations of the posi	tion.		
<del></del>	Signature of New I	Registered Agent if changing	<del></del>		

## 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	<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	VP	Joseph Freda	3223 SW 1st Ave
Add x Remove			Cape Coral FL, 33914
2) Change Add			
Remove			
3) Change Add			
Remove			
4) Change Add		<del></del>	
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

<ul> <li>If amending or adding additional Artic (Attach additional sheets, if necessary).</li> </ul>	(Be specific)
<del>-</del>	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
oseph Freda will be transfering all of 40 of	his shares to Matthew Santini.
latthew Santini will now have 100% owne	ership of all company shares
	<u> </u>
	•

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
02/29/2016 Dated	
Signature Lally Sn	
(By a director, president or other officer) if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Matthew Santini	
(Typed or printed name of person signing)	<del> </del>
CEO/President	

(Title of person signing)