L48299

(Re	equestor's Name)	.		
(Ac	ldress)			
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(City/State/Zip/Phone #)				
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DIVISION OF CORPORATIONS

Amend CC Mall 3/11

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: LINK CONSTRUCTION & MINING
CORPORATION **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Phillip J. CLEMENTS

Name of Contact Person CONSTRUCTION & MINING CORPORATION NW 84 AVENUE omons @ mine quipe Com
-mail address: (to be used for future annual report polification) For further information concerning this matter, please call: Name of Contact Person at (305) 594 730 NRDES 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

Mailing Address

☐ \$35 Filing Fee

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Certified Copy

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional copy is enclosed)

Yilda Martinez COMMISSION # EE 023971 EXPIRES: OCT. 15, 2014 www.AARONNOTARY.com

Certificate of Status

(Additional Copy is enclosed)

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If Maio

Articles of Amendment Articles of Incorporation

of				
LINK CONSTRUCTION & MINING CORPORATION				
(Name of Corporation as currently filed with the Florida Dept. of State)				
L48299 5 6				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
The new				
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."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) DORAL FL 33176				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) DORAL FL 33126				
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: Philip J. Claments				
1623 HB 84 AVE				
New Registered Office Address: (Florida street address)				
Florida 33124 (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:				

Signature of New Registered Agent, if changing

Page 1 of 3

I hereby accept the appointment as registered agent. (\) an familiar with and accept the obligations of the position.



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)

PTS, VPT	Phillip J Clements	Address 1623 NW 84 AVE	Type of Action Add Remove
VP T	WILLIAM G. CUEMEN	33126 US 6865 SW 45 CAUE MIRMI FL 33155	☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter ch tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

