

5/24/2021

Division of Corporations

PD4000017565

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : I20000000238
Phone : (305)591-9448
Fax Number : (954)753-3447

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 MAY 24 PM 2:32

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NEXTLINK ENTERPRISE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2021 MAY 24 PM 2:14

TALLAHASSEE, FL

KSP

Articles of Amendment
to
Articles of Incorporation
of

NEXTLINK ENTERPRISE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000017565

(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:

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**)

18503 PINES BLVD SUITE 314

PEMBROKE PINES FL 33029

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

18503 PINES BLVD SUITE 314

PEMBROKE PINES FL 33029

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 IRFAN DAR

18503 PINES BLVD SUITE 314

(Florida street address)

New Registered Office Address: PEMBROKE PINES, Florida 33029
(City) (Zip Code)

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) (c), F.S.

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>IRFAN DAR</u>	<u>18503 PINES BLVD</u>
<input type="checkbox"/> Add			<u>SUTTE 314</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES FL 33029</u>
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>SADAF DAR</u>	<u>18503 PINES BLVD</u>
<input type="checkbox"/> Add			<u>SUITE 314</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES FL 33029</u>
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>NUSRAT DAR</u>	<u>18503 PINES BLVD</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 314</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES FL 33029</u>
4) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>FRAIJAN TEXIDOR</u>	<u>18503 PINES BLVD</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 314</u>
<input type="checkbox"/> Remove			<u>PEMBROKE PINES FL 33029</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

MAY 18, 2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated _____

Signature _____
(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)

IRFAN DAR

(Typed or printed name of person signing)

VP

(Title of person signing)

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CLERK OF STATE
TALLAHASSEE, FLORIDA