

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000206099 3)))



H110002060993ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**TECHLINK TECHNOLOGY INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 AUG 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 AUG 17 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date 8/24/11*

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment  
to  
Articles of Incorporation  
of

**TECHLINK TECHNOLOGY INCORPORATED**

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

**P11000060541**

(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**)

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

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida  
(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

FILED

11 AUG 17 AM 9:55

THE FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>SALIMA LEE</u>	<u>18162 NW 2ND AVENUE</u> <u>MIAMI GARDENS, FL</u> <u>33169</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>KENNETH MILLER</u>	<u>18162 NW 2ND AVENUE</u> <u>MIAMI GARDENS, FL</u> <u>33169</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>JACINTH PRESTON</u>	<u>18162 NW 2ND AVENUE</u> <u>MIAMI GARDENS, FL</u> <u>33169</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

SHARE CAPITAL:

TOTAL SHARES 100 - PAR VALUE - \$50.00

SHARE HOLDERS: CECIL EDWARDS - 60 %

LOWELL LEE - 40%

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: AUGUST 9, 2011  
(date of adoption is required)

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

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 statements 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)

☒ 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 incorporator without shareholder action and shareholder action was not required.

Dated AUGUST 9, 2011

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)

LOWELL LEE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)