## P13000092081

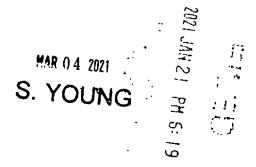
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_ JGLINKS INC. DOCUMENT NUMBER: P13000092081 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAIME ALONSO GOMEZ Name of Contact Person JGLINKS INC. Firm/ Company PO BOX 670761 Address CORAL SPRINGS, FL 33067 City/ State and Zip Code jglinks@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 639-3405

Area Code & Daytime Telephone Number JAIME ALONSO GOMEZ 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** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

P13000092081  (Name of Corporation as currently file (Document Number of Cor	ed with the Florida Dept. of State)
(Document Number of Cor	
	poration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The way
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	295 W SAMPLE ROAD, #670761
(Principal office address MI/ST BE A STREET ADDRESS)	ORAL SPRINGS, FL 33067
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	O BOX 670761
· · · · · · · · · · · · · · · · · · ·	ORAL SPRINGS, FL 33067
<del></del>	NA TO
_	10
D. If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address;	in Florida, enter the name of the
	—————————————————————————————————————
Name of New Registered Agent	9
(Florida street ac	idress)
New Registered Office Address;	. Florida
(City,	(Zip Code)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	
<u>X</u> Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Josefina Marti	PO Box 670761
X Add			Coral Springs, FL 33067
Remove			
2) Change	P	Jaime Alonso Gomez	PO Box 670761
Add			Coral Springs, F1. 33067
X Remove 3) Change	<u>s</u>	Jaime Alonso Gomez	PO Box 670761
X Add			Coral Springs, FL 33067
Remove			
4) Change			
Add			
Remove			
5) Change	···-		
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	. (he specific)	
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
fina Marti (P) will have 51 shares of t		-
e A. Gomez (S) will have 49 shares o	of the company	
		-
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		-
		-

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	2/01/2020	
Effective date <u>if applicable</u> :	9/01/2020	
	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wit	hout shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cas sufficient for approval.	et for the amendment(s)
	approved by the shareholders through voting groups. For each voting group entitled to vote separately on the	
"The number of votes c	ast for the amendment(s) was/were sufficient for appro	oval
by		,,,
· /	(voting group)	<del></del>
Signature (By sele	a director, president or other officer – if directors or of ted, by an incorporator – if in the hands of a receiver, binted fiduciary by that fiduciary)	Ticers have not been trustee, or other court
	JAIME A. GOMEZ	·
	(Typed or printed name of person signif	ng)
	SECRETARY	
	('Fitle of person signing)	-