P14000075662

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addiess)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Cashiness Zinny Haline)
Certified Copies Certificates of Status	
	(Document Number)
	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



900358984789

81/28/21--81818--814 ******85.88

FILED

2021 JAN 28 AM 8: 28

SECRETARY OF STATE
TALLAHASSEE, FATE

COVER LETTER

TO: Amendment S Division of Co		i	•
NAME OF CORE	ORATION:JD Links Solution	s Inc	
	MBER: P14000075662		
The enclosed Artic	les of Amendment and fee are su	ibmitted for filing.	
Please return all co	rrespondence concerning this ma	itter to the following:	
	Jay Borsky		
		Name of Contact Person	n
	Jay Borsky PA		
		Firm/ Company	
	1498 Jefferson Ave STE 508	SA.	
		Address	
	Miami Beach, FL 33139		
		City/ State and Zip Cod	e
	jayborsky@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, plea	se call:	
Jay Borsky		305 at (904-9777
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address Iment Section
	Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314			entre of Tallahassee
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment

Articles of Incorporation of

	Articles of Incorporation of	FILED
JD Links Solutions Inc		2021
(Name of Co	rporation as currently filed with th	e Florida Vento f Sta te)
P14000075662	,	SECRETARY OF
	(Document Number of Corporation (if known AHASSEE STATE
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
JD Links Inc		The new
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or th	" "Inc," or "Co". A professional	incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new regi		enter the name of the
Name of New Registered Agent	····	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	agent. I am familiar with and accept	
	Signature of New Registered Agen	t, if changing

Check if applicable

■ 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)

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) X Change	VP	Dan Sragovicz	19635 NE 23rd Ave
Add			Miami, FL 33180
Remove			
2) Change	P	Djamille Cohen Sabbaj	19635 NE 23rd Ave
X Add			Miami, FL 33180
Remove 3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

<u>If amending or adding additional</u> (Attach additional sheets, if necessar	ry). (Be specific)

· · · ·	
	-
If an amendment provides for an o	exchange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A	amendment if not contained in the amendment itself:
(ij noi appacame, inaicale ivix	1)
	•
	, <u>, , , , , , , , , , , , , , , , , , </u>

.

• •	01/22/2021	
The date of each amendment(s) a		, if other than
date this document was signed.		=
•	22/2021	
Effective date <u>if applicable</u> :	~~! ~! ~!	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	ll not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	,``	
	(voting group)	
01/22/2021	1	
Dated		
Signature		
	firector president or other officer – if directors or officers have not been	
	ed by an incorporator – if in the hands of a receiver, trustee, or other court	
	ited fiduciary by that fiduciary)	
арропе	ned fiduciary by that fiduciary)	
	Dan Sragovicz	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	

the

the