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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Amendment Section				
	Division of Corporations				

Division of Corporations				
NAME OF CORPORATION DOCUMENT NUMBER:			I LINKS, INC.	
DOCOMENT NUMBER	100000	25000		
The enclosed Articles of Amen	dment and fee are su	ubmitted for filing.		
Please return all correspondence	e concerning this ma	atter to the following:		
	ANTONI	EO IN UVAL		
	Name of Contact Person			
ANTONIO DUVAL Name of Contact Person GOLD COAST VAN LINES, INC: Firm/ Company				
		Firm/ Company		
30	01 500 17	73 TERR.		
		Address		
\mathcal{M} .	IRAMAR	FL 33029	e	
		City/ State and Zip Code	e	
Bo	ATLOVER	S 1 2 3 @ G m A :	IL, COM	
E-n	nail address: (to be u	sed for future annual report	notification)	
For further information concern	ing this matter, plea	se call:		
ANIONIO QUO Name of Contac	AL	at (<u>954</u>	638-5800	
Name of Contac	t Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:	
	43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee	
C	ertificate of Status	Certified Copy (Additional copy is	Certificate of Status	
		enclosed)	Certified Copy (Additional Copy	
			is enclosed)	
Mailing Add	race	Etwast	A ddwara	
Amendment S			Address ment Section	
Division of Cornerations		Division of Companylone		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	as currently filed with the Florida Dept. of State)
P160000 232	_68
(Docume)	nt Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
	بي
•	7
If amending the registered agent and/or registere	d office address in Florida, enter the name of the
. If amending the registered agent and/or registere new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
new registered agent and/or the new registered of	
	ffice address:

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)	Title	<u>Name</u>	Address
1) Change	ρ	ANTONIO DUVAL	3001 SW 173 TER
X Add			MIRAMAR, FL 3302
Remove		•	
2) Change			
Add			
Remove			-
3) Change			
Add			
Remove			·····
4) Change	_		
Add			-11-11
Remove		-	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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provisions for imp	provides for an exclude state of the same ble, indicate N/A)	hange, reclassifi endment if not c	cation, or cand	cellation of iss camendment	ued shares, itself:	
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provisions for imp	olementing the ame	hange, reclassifi endment if not c	ication, or can	cellation of isset amendment	ued shares, itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>_</u>
(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 wi document's effective date on the Department of State's records.	ll not be listed as the
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 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)	
(voling 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 incorporators without shareholder action and shareholder action was not required.	
Dated 11/6/16 Signature Renain Ferry	
(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)	
CARMEN PEREZ (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
WIRECTOR	
(Title of person signing)	