P17000028843

(Ke	questor's Name)	
		
(Ad	dress)	
		
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SIGHT HAR OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section

TOR JUNIS OF SAMILIO Division of Corporations BNM LINK INC. NAME OF CORPORATION DOCUMENT NUMBER: P17000028843 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RODRIGO RAMIREZ Name of Contact Person BNM LINK INC. Firm/ Company 14946 SW 23 STREET Address MIAMI, FLORIDA, 33185 City/ State and Zip Code lppt1@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RODRIGO RAMIREZ at (754) 2345196

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filling 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

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N/A		ì
(Name of Corporation as currently	filed with the Florida Dept.	of State)
N/A		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Horida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The _new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		r the abbreviation "Corp."
B. Enter new principal office address, if applicable:	N/A	72 Jul
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		ASSET O
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	77.70
	· -	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	ess in Florida, enter the name	e of the
	·	
(Florida stre N/A	et address)	
<u>New Registered Office Address;</u>	, 1	Florida(Zip Code)
	· · · ·	, ,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations o	of the position.

Signature of New Registered Agent, if changing

Theck if applicable

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,

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) Change	P	LORENA PERCY	14946 SW 23 STREET
X Add			MIAMI, FL 3318
Remove			
2) Change		-	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change	. — . —		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
A	
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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)	
	_
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	_
	_
	-
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,

	N/A	
The date of each amendment(s) date this document was signed.	adoption:	if other than th
	6/03/22	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The fol or each voting group entitled to vote separately on the amen	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/03/20 Dated Signature	o migotomies.	
selec	director, president or other officer – if directors or officers had by an incorporator – if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	RODRIGO RAMIREZ	
	(Typed or printed name of person signing)	
	PRESIDENTE	
	(Title of person signing)	