# P11000008012

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               | ·····       |
| (Address)                               | <del></del> |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Name)                  |             |
| (Document Number)                       |             |
| Certified Copies Certificates of State  | us          |
| Special Instructions to Filing Officer: |             |
|   |             |
|   |             |
|   |             |
|   |             |
| Office Hee Only                         | <b>.</b>    |





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09/26/11--01002--006 \*\*52.50

SECRETARY OF STATE
ALLAHAS SEE FLORIDA

a at 11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORP   | ORATION:                                     | SW-CHARTERING IN  | <u>C</u>       |
|--|--|---|----------------|
| DOCUMENT NU  | MBER:  | P11000008012  |                |
| The enclosed Articl  | les of Amendment and fee a                   | are submitted for filing.   |                |
| Please return all con  | respondence concerning th                    | is matter to the following:   |                |
| _  | · · · · · · · · · · · · · · · · · · ·        | UEL A RODRIGUEZ   |                |
|  | Ŋ  | Name of Contact Person  |                |
| _  | SW   | -CHARTERING INC   |                |
|  |  | Firm/ Company   |                |
| _  | 18459  | PINES BLVD APT 317  |                |
|  |  | Address   |                |
| ,<br>_   | PEMBF  | ROKE PINES, FL. 33029   |                |
|  | C  | City/ State and Zip Code  |                |
|  | info@jcpaco<br>E-mail address: (to be use    | countingandtaxes.com ed for future annual report notification)  |                |
| For further informate  | ion concerning this matter,                  | please call:  |                |
|  | L A RODRIGUEZ                                |   | 76 5931        |
| Name o   | of Contact Person                            | Area Code & Daytime Tele  | ephone Number  |
| Enclosed is a check  | for the following amount n                   | nade payable to the Florida Depart  | ment of State: |
| □\$35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   |                |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle | e              |

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of

#### **SW-CHARTERING INC**

| •  | Articles of Amendme to  | 1-11                                       | •     |
|--|---|--|-------|
|  | Articles of Incorporati   | on a                                       | E1    |
|  | of  | SEP 25                                     | ٠ ر   |
| SW-CH  | ARTERING INC  | da Dept. of State)                         | 3.    |
| (Name of Corporation as curr   | ently filed with the Flori  | da Dept. of State)                         |       |
| P11  | 000008012   | FLOA                                       | TE .  |
| (Document Nur  | mber of Corporation (if kn  | own)                                       | VA    |
| uant to the provisions of section 607.100 ndment(s) to its Articles of Incorporation:  | 6, Florida Statutes, this I   | Florida Profit Corporation adopts the foli | lowir |
| <u>f amending name, enter the new name o</u>   | f the corporation:  |  |       |
|  |   | The new                                    | ,     |
| Enter new principal office address, if app   |   |  |       |
| Enter new principal office address, if app<br>ncipal office address <u>MUST BE A STREE</u><br>Enter new mailing address, if applicable<br>Mailing address <u>MAY BE A POST OFFI</u>                              | <u></u>   |  |       |
| ncipal office address <u>MUST BE A STREE</u><br>Enter new mailing address, if applicable   | ET ADDRESS )  E CE BOX  registered office address   | in Florida, enter the name of the          |       |
| ncipal office address MUST BE A STREE  Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  f amending the registered agent and/or the new registered agent and/or the new registered.) | ET ADDRESS )  E CE BOX  registered office address   |  |       |
| Enter new mailing address, if applicable Mailing address MAY BE A POST OFFI  f amending the registered agent and/or new registered agent and/or the new regi   | ET ADDRESS )  E CE BOX  registered office address stered office address:  (Florida street         | address)                                   |       |
| Enter new mailing address, if applicable Mailing address MAY BE A POST OFFI  f amending the registered agent and/or new registered agent and/or the new regi   | ET ADDRESS )  E CE BOX  registered office address stered office address:                          | address)                                   |       |
| Enter new mailing address, if applicable Mailing address MAY BE A POST OFFI  f amending the registered agent and/or new registered agent and/or the new regi   | ET ADDRESS )  E CE BOX)  registered office address stered office address:  (Florida street (City) | 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)

| <u>Title</u> | <u>Name</u>   | Address   | Type of Action    |
|--------------|---|---|-------------------|
| <u>VP</u>    | MARIA A SANCHEZ   | 18459 PINES BLVD # 317<br>PEMBROKE PINES, FL. 33029 | ☐ Add ☐ Remove    |
| VP           | MAXIMO O ZAMBRANO   | 18459 PINES BLVD # 317<br>PEMBROKE PINES, FL. 33029 | ☑ Add<br>□ Remove |
|              |   |   | ☐ Add<br>☐ Remove |
|              | ding or adding additional Articles, entended ditional sheets, if necessary). (Be spe                      |   |                   |
|              |   |   |                   |
| provisi      | nendment provides for an exchange, reports for implementing the amendment is of applicable, indicate N/A) |   |                   |
|              |   |   |                   |
|              |   |   |                   |
|              |   |   |                   |

| The date of each amendmen                         | t(s) adoption: 09  | 9/15/2011   |
|---|--------------------|---|
| Effective date <u>if applicable</u> :             | 09/15/2011         | (date of adoption is required)  |
|   | (no more than 9    | 90 days after amendment file date)  |
| Adoption of Amendment(s)                          | ( <u>CH</u>        | IECK ONE)   |
| The amendment(s) was/we by the shareholders was/w |                    | shareholders. The number of votes cast for the amendment(s) approval.   |
|   |                    | te shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                             |
| "The number of votes                              | cast for the amen  | dment(s) was/were sufficient for approval   |
| by  | (voting group)     | 25  |
|   | (voting group)     |   |
| The amendment(s) was/we action was not required.  | ere adopted by the | board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.  | re adopted by the  | incorporators without shareholder action and shareholder  |
| Dated_09/2  |                    |   |
| sele  | a director, presid | ent of other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
| ,   | J                  | ,   |
|   |                    | DOMINGO R VALECILLO   |
|   | (Тур               | ped or printed name of person signing)  |
|   |                    | PRESIDENT   |
|   | (Title of          | person signing)   |