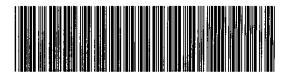
L64902

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

Office Use Only



300188885833

12/27/10--01022--017 **25.00

01/19/11--01006--005 **10.00



Amend Theres 1-19-11

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: artosz Smyk
Name of Contact Person 4670 SE Graham Stuart, FL
City/ State and Zip Code o be used for fluire annual reportabilification) For further information concerning this matter, please call: Bartosz Smyk at (954) 746 - 0777

Area Code & Davtime Telephone Number 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 enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2010

BARTOSZ SMYK SWI PAINTING INC. 4670 SE GRAHAM DR. STUART, FL 34997

SUBJECT: SWI PAINTING INC.

Ref. Number: L64902

We have received your document for SWI PAINTING INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 810A00030120

11 JAN 18 AM 6: 40

www.sunbiz.org

Articles of Amendment

to	
Articles of Incorporation	FILED
$C \rightarrow C \rightarrow$	n server california (1973)
(Name of Corporation as currently filed with the Florida Dept. of State)	2011 JAN 18 A
L104902	SECNETARY OF S TALLARASTISE, PLI
(Document Number of Corporation (if known)	IMLLAHASTIZE, FLI
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Cor</i> amendment(s) to its Articles of Incorporation:	poration adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p name must contain the word "chartered," "professional association," or the abbreviation	professional corporation
B. Enter new principal office address, if applicable: 41070 SE	Brahan Dp
(Principal office address MUST BE A STREET ADDRESS) Stuart, FL	`
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 4670 SE (Grahom Dr
Stuart, F	
D. If amending the registered agent and/or registered office address in Florida, enter to new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent: Sheridan Wait	
New Registered Office Address: 355 S. Ocean DR (Florida street address)	- ≠ 80Y
Et Pierce, I (City) (Zip Co	Florida <u>34949</u> ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I fam familiar with and accept the options of Signature of New Registered Agent, if changing Registered Agent, if changing Registered Agent.	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name **Address** Type of Action Laural ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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) Bartosz Smyk to be titled President at 49% ownership Want to be titled Vice President at 51% ownership Please REMOVE Paul Letit as instructed above a Planse also REMOVE Laura Want previousle tilled as Soct Treasurer as instructed ald

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: 12/22/2010
Effective date if applicable: O\O\O\\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\
(no more than 90 days after amendment file date)
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 statemen 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)
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.
Signature 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)
(Typed or printed name of person signing)
(Title of person signing)