

(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

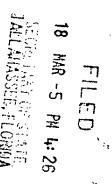
Office Use Only



900309773849

03/05/18--01022--002 \*\*35.00

MAR 0 6 2019 S. YOUNO



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Swash Farm, Inc.	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMB	D04000050270				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	pondence concerning this ma	tter to the following:			
1	Mahendra Raolji				
-		Name of Contact Person	1		
;	Swash Farm, Inc.				
		Firm/ Company			
	18850 SW 360 Street				
-	Address				
]	Homestead, FL 33034				
		City/ State and Zip Code	8		
mahes	hraolji@hotmail.com				
	• •	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Mahendra Raolji		305	245-0083		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

Swash Farm, Inc.				
(Name o	of Corporation as curren	tly filed with the Florida Dept.	, of State)	
P06000050270				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ad	lopts the following amendmen	ıt(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora	rated" or the abbreviation	
B. Enter new principal office address. (Principal office address MUST BE A S		N/A		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BOX)  id/or registered office ad		FLORIB	TILEO
Name of New Kegistered Agent	18850 SW 360 Street			
		street address)		
New Registered Office Address:	Homestead		Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.	

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>	<u>Addres</u> s
1) Change	VP,S	Prafula M Raolji	18850 SW 360 St
Add			Florida City, FL 33034
X Remove			
2) Change	VP,S	Prafulakumari M Raolji	18850 SW 360 St
X Add			Homestead, FL 33034
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Onange —— Add			
Add			
KCHIOVE			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A - Correction of named Registered Agent and Officer only
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)
N/A Correction of named Registered Agent and Officer only

	Ja	anuary 1, 2018			
The date of each amendment		<del></del>			, if other than the
date this document was signed	ı <b>.</b>				
Effective date if applicable:	January 1, 2018	<b>\$</b>			
		(no more that	n 90 days after am	endment file date)	
Note: If the date inserted in document's effective date on t				filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	( <u>CH</u>	IECK ONE)			
The amendment(s) was/weby the shareholders was/weby			The number of vote	es cast for the amendme	nt(s)
☐ The amendment(s) was/wee must be separately provide					ement
"The number of votes	s cast for the amer	ndment(s) was/v	were sufficient for	approval	
by				27	
	(voi	ting group)			
☐ The amendment(s) was/wes action was not required.	re adopted by the	board of directo	ors without shareho	older action and shareho	older
☐ The amendment(s) was/wes action was not required.	re adopted by the	incorporators w	vithout shareholder	r action and shareholder	
	uary 26, 2018				
Signature					
se		orporator – if in	the hands of a rec	s or officers have not be eiver, trustee, or other c	
	Mahendra I	Raolji			
		(Typed or print	ed name of person	signing)	****
	President				
	<del></del>	(YXQii	of person signin	ıg)	