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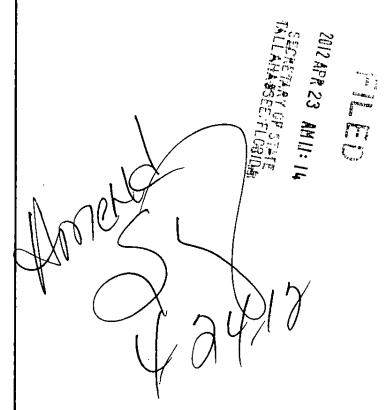
(re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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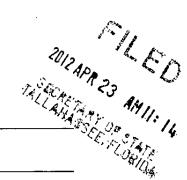
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SWEDISH CUSTOM FINISHING, INC.
DOCUMENT NUMBER: <u>P0700012247</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAGNUS BOLIN Name of Contact Person
SWEDISH CUSTOM FINISHING, INC.
5660 WALTHAM WAY Address
LAKE WORTH FL 33463 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAGNUS BOLIN at (501) 254 - 7156 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	UL	The same of the sa
SWEDISH CUSTOM	FINISHING, INC.	
	rently filed with the Florida Dept. of State)	
P0700012247	<u> </u>	
(Document Nu	umber of Corporation (if known)	***
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation	m adopts the following amendment(s) to
A 76	-64b	

its Afticies of fileorpolation.	
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NIA
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent NA.	
(Florida stre	eet address)
New Registered Office Address: NA	, Florida
New Registered Office Address: (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	ith and assent the obligations of the position
hereby accept the appointment as registered agent. I am familiar w	ни апа ассері те овиданоть ој те розиют.
NA.	

Signature of New Registered Agent, if changing

If amending the	e Officers and/	or Directors, enter th	e title and name of eac	h officer/director b	being removed and	d title, name, and
		r Director being added			U	, ,

(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	$\underline{\mathbf{V}}$	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 Add Remove	<u>V</u>	LENNAR	T ANDERSSON	811 GENTLE BREEZE DR. MINNEOLA FL 34715.
2) Change Add Remove	5	WILIANS	s DE FREITAS	3000 NW 5TH TERR. APT 137 POMPANO BEACH FL 3306A
3) Change Add Remove	<u> </u>		<u> </u>	
4) Change Add Remove				
Change Add Remove			<u> </u>	
Change Add Remove				

attach additie	or adding addition on all sheets, if necessity	essary). (Be s	specific)			
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<u>provisions for</u>	ent provides for : r implementing tl plicable, indicate	<u>he amendment</u>	eclassification if not contain	or cancellatio	n of issued sha dment itself:	res,
						
· · · · · · · · · · · · · · · · · · ·						
	· <u>-</u> .			<u> </u>	_ _	
						

The date of each amendment(s) adoption: NA.
Effective date if applicable: 04 01 2012 (no more than 90 days after amendment file date)
(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 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)
☐ 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 4/18/12
Signature Man 3
(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)
MAGNUS BOLIN (Typed or printed name of person signing)
PRESIDENT. (Title of person signing)