(Re	equestor's Name)	1
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ie #)
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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C. LEWIS APR 8 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Spielwaren laden Inc. DOCUMENT NUMBER: P0900042061				
DOCUMENT NUMBER: YOULOOGLE OG				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Spielwaren laden, Inc. Firm/Company				
Spielwaren laden, Inc.				
Firm/ Company				
19914 SM 128 St				
Mianti, FL 33186 City/ State and Zip Code				
City/ State and Zin Code				
E-mail address: To be used for future annual report notification)				
For further information concerning this matter, please call:				
Enrique F. Enrique 7 at (30.5) 322 7877 Name of Contact Person T Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32314 Tallahassee, FL 32301				

APPROVEL

Articles of Amendment

Articles of Incorporation

14 APR -2 PM 12: 32

5,	pielwarenladen Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1	(Name of Corporation as currently filed with the Florida Dept. of State)	
De	000000110011	

lment(s) to

P0900042061
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
SWL Robotics, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address: , Florida (City) (Zip Code)
(Elp Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change	<u></u>		
Add		-	
Remove			
4) Change			
Remove			
5) Change			
Add		-	
Remove			
6) Change		-	
Remove			

mending or adding addition ach additional sheets, if neces	isary). (Be specific)			
				
				
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n amendment provides for a	• • • • • • • • • • • • • • • • • • •	Gantina na anno lle	odine ofinensal about	_
ovisions for implementing t	he amendment if not	contained in the an	nendment itself:	<u>5,</u>
(if not applicable, indicate	N/A)			
	<u> </u>			· · · · · · · · · · · · · · · · · · ·



The date of each amendment(s) adop	tion:	14 APK - 2 PM 12: 32	, if other than the
date this document was signed.		SECRETARY OF STAFE TALLAHASSEE, FUCRIDA	
Effective date if applicable:	·		
	(no more than 90 c	days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The nient for approval.	umber of votes cast for the amendment(s)	
The amendment(s) was/were approve must be separately provided for each		gh voting groups. The following statement te separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were	sufficient for approval	
by	(voting group)	.,	
	(voting group)		
The amendment(s) was/were adopte action was not required.	d by the board of directors w	ithout shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators withou	at shareholder action and shareholder	
Dated03/17	3/2014		
Signature			
(By a directed, believed, believed)		r – if directors or officers have not been nands of a receiver, trustee, or other court	_
<u> </u>	insique F.	Enrique	
		nted name of person signing)	
<u> </u>	President		
	(Title	of person signing)	