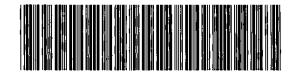
P120006988

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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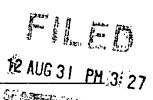
AUG 3 1 2012 T. ROBERTS

COVER LETTER

3

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: SWIFTHIN	K INC	
	_{BER:} P1200006988		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOEL A DOMING	SUEZ	
	CWIETLUNIZING	Name of Contact Person	1
	SWIFTHINK INC		
	10845 NW 81ST	Firm/ Company	
	*	Address	
	DORAL, FL 3317	'8	
		City/ State and Zip Cod	· ·
10	EL_2MINGUEZ@	VAHOO COM	
30		sed for future annual report	
	E-man address. (to be de	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
JOEL A DOI	MINGUEZ	_{at (} 786	413-5734
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
	iling Address	Street	Address
	endment Section		ment Section
	rision of Corporations D. Box 6327		on of Corporations Building
	lahassee, FL 32314		Executive Center Circle
			assee, FL 32301

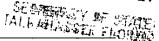
Articles of Amendment to Articles of Incorporation of



SWIFTHINK INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000069888



(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A			The	e new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "Co	". A professional co	acorporated" or the abbre	viatior
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C		N/A		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			ne name of the	
Name of New Negistered Agent	10845 NW 81ST	LN		
	(Florida street	address)		
New Registered Office Address:	DORAL	, FI	orida 33178 (Zip Code)	
	(City)		(Zip Code)	
		. 1		

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 <math>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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	<u>P</u>	JOEL A DOMINGUEZ	10845 NW 81ST LN, DORAL, FL 33178
Remove			
2) Change Add			
Remove 3) Change	 		
Add			
4) Change Add			
Remove 5) Change			
Add			
6) Change	<u>-</u>		
Add			

E. If amending or (Attach additional		Articles, enter charv). (Be specific)			
REMOVED THE	SR" FROM TI	HE NAME OF R	EGISTERE	D AGENT AND	FROM PRESIDEN
Thin	ave to	he same	v Dere	500 , <	but in
or	der to	open	the	bank	account
the	"5R"	mus f	50	remove	but in account ed
					
				<u>-</u> <u>.</u>	··· * · · · · · · · · · · · · · · · · ·
		<u>, , , , , , , , , , , , , , , , , , , </u>			
			•		
					<u> </u>
		amendment if not			
N/A					·
	•				
					
					

The date of each amendment(s) adoption	X = X = X = Y = Y = Y = Y = Y = Y = Y =
	N/A
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement of our 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 action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated 08/28/12	
0.	
selected, by ar	president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court leiary by that fiduciary)
JOE	EL A DOMINGUEZ
	(Typed or printed name of person signing)
PRE	ESIDENT
	(Title of person signing)