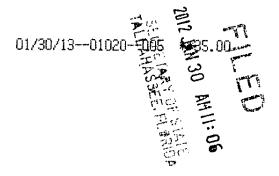
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(Re	questor's Name)			
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Amend nc

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SWIFT LINE The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Name of Contact Person

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: ☐ \$52.50 Filing Fee \$35 Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address **Mailing Address**

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State)

1200008144 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follow				
A. If amending name, enter the new name of the corporation CALLY DISTRIBUTION name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the corporation of the corporation and the word "chartered," "professional association of the corporation o	The new pration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ANDREW BURTONIA. 5234NW MEG ET FORT St. LUCIE FL34986				
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: New Registered Office Address: (Florida street address) ART St. Lucik, Florida 34986 (City) (Zip Code)					
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent:				

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)

Title	Name	<u>Address</u>	Type of Action
μ	ANDREW BURTON	JO 5284NI MET	F CT BY Add
	ANDREW BURTON	PORT ST. Luc	Remove
		FL34986	
Λ			
H	AMAREN BURTON SO	8 5234 NWM	FG c! □ Add
<u></u>		PORT St. Lucik	Remove
	AMARW BURTON SO	FL34986	
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	1.00		
	ng or adding additional Articles, en		•
(aitach aac	ditional sheets, if necessary). (Be sp	ecijic)	
			
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			u of issued aboves
	endment provides for an exchange,		
	ns for implementing the amendment applicable, indicate N/A)	ir not contained in the ameni	ument usen.
(ij noi	таррисаціе, таксате (УА)		
			

The date of each amendment(s) adoption:	1/23/2013	
Effective date if applicable:	Idale/	of adoption is required)	
	(no more than 90 days of	fter amendment file date)	
Adoption of Amendment(s)	(CHECK O	NE)	•
The amendment(s) was/wer by the shareholders was/we		ders. The number of votes cast f	or the amendment(s)
The amendment(s) was/wer must be separately provided	e approved by the sharehod for each voting group er	olders through voting groups. The attitled to vote separately on the a	e following statement mendment(s):
"The number of votes of	ast for the amendment(s)	was/were sufficient for approval	<u> </u>
by	(voting group)	27	•
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board of	directors without shareholder ac	tion and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorpor	ators without shareholder action	and shareholder
Dated	1/23/2013	3	
Signature 📈	- Cholanhoto),	
selec		her officer – if directors or office if in the hands of a receiver, trust duciary)	
	ANDREW	Bukro/y =	K
	(Typed or pri	inted name of person signing)	
	- PKE	SIDKIT	**************************************
	(Title of person s	signing)	