P14000021111

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: D. W. P. OF SWF INC. 4000021111 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Diego Paramo
Name of Contact Person O.M.P. OF SWF Inc.
Firm/ Company 2825 E. Cypress Ave For+ Myers, FL 3390 S
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Oiego Paramo at (239) 895-6561

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

01	
D.M.P. OF SW	F INC.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
P140000 211	1)
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: n/	a
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: 1/a. (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: 1/0 (Mailing address MAY BE A POST OFFICE BOX)	STER DIVISION
	A OFFI
•	ज हिंदी
	2 03
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent Diego	aramo
2895 E. Cy (Florida street	QCESS AVE address)
New Registered Office Address: Fort Myers	, Florida 33905 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. Tam familiar with	and accept the obligations of the position.
Signature of New Hegi	istered 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	Y	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	<u>P</u>	Valentina Paramo	
Add Remove			Fort Myers F1 33905
2) Change	<u>P</u>	<u>Diego Paramo</u>	2825 E. Cypress Ave Fort Myers FL 33905
Remove			
3) Change		-	
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

mending or adding additional Artical ach additional sheets, if necessary).	(Be specific)	1/a	
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in amendment provides for an exch	hanna waslandiGantion on a	ameellation of issued shows	
ovisions for implementing the ame (if not applicable, indicate N/A)	nament if not contained in	the amendment itself:	nla

n/a	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: ///5	n 90 days after amendment file date)
	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"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 direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder
Dated 5 - 14 - 15	
Dated 5 - 14 - 15 Signature Volatina armo	
(By a director, president or other of	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciar	
V	alentina Paramo ed name of person signing)
(Typed or print	
	president
(T;	de of person signing)