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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SWISS CAPITAL	FINANCIAL INC	
DOCUMENT NUMBE	CR: P17000011757		· · · · · · · · · · · · · · · · · · ·
	Amendment and fee are sul	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
		JORGE DACOSTA	
		Name of Contact Person	<u> </u>
-	 	Firm/ Company	
	301 Y	'AMATO ROAD SUITE I	240
-		Address	
_		BOCA RATON, FL 33431	
_		City/ State and Zip Code	
SUP	PORT@SWISSTRUSTFIN	ANCIAL.COM	/
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
DIEGO) PINTO	at (561	305-0584
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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 Fec & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

SWISS CAPITAL FINANCIAL INC

(Name o	f Corporation as currently	filed with the Florida Dept. of State)		
P17000011757				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	Ilorida Profit Corporation adopts the fol	lowing amendme	ent(s) to
A. If amending name, enter the new na	me of the corporation:		The new	47
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or "C	Co". A professional corporation name	the abbreviation	n
B. Enter new principal office address, if applicable:		301 YAMATO ROAD SUITE 1240,		
(Principal office address MUST BE A ST		BOCA RATON, FL 33431	- CO	
			1. No	<u></u>
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		301 YAMATO ROAD SUITE 1240,	The state of the s	LED
	.	BOCA RATON, FL 33431	<u></u>	_
			2	
D. If amending the registered agent an	d/or registered office addre	ess in Florida, enter the name of the		
new registered agent and/or the new	JORGE DACOSTA			
Name of New Registered Agent				
	301 YAMATO ROAD SU			
	(Florida stre BOCA RATON		3431	
New Registered Office Address:		, Florida City)	(Zip Code)	
	,	<i></i>	(
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations of the pos	ition.	
	Jorga	PaCosta egistered Agent, if changing		
	Signature of New Re	egistered 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 Doo	<u>2</u>	
X Remove	<u>v</u>	Mike Jon	<u>ies</u>	
_X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
l) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
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Remove				
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Remove				
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f an amendment provide	oo for on orah	ianga raclassif	ication or cance	llation of issued s	ngres.
provisions for implemen	ting the ama	ndmont if not	ontoined in the	mendment itself	34.03
(if not applicable, inc	dingto M/4)	ngment ii not t	.omanieu in the	intendinent itseir.	
(ij not applicable, inc	neate WA)				
				·	

	02/26/2018	
The date of each amendment		_, if other than the
date this document was signed		
Effective date if applicable:	02/26/2018	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	n	
	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.	• •	
Dated	02/26/2018	
Signature	Diego L Pinto	_
	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court populated fiduciary by that fiduciary)	
u _j		
	DIEGO L PINTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_ _