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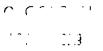
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2019 OCT 28 PM 2: 56



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SW EASY DISTR	IBUTION, INC.		
DOCUMENT NUMB	P19000076649			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
	RICARDO MARTINEZ VE	LOZ		
-		Name of Contact Person	n	
	SW EEASY DISTRIBUTION, INC.			
-		Firm/ Company	·	
	255 SW 4th ST			
-		Address	····	
	CAPE CORAL, FL 33991			
-		City/ State and Zip Cod	e	
RMAI	RTINEZVELOZ@GMAIL.C	COM		
	-	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
RICARDO MARTINEZ VELOZ		at (_239	785-8482	
Name o	f 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 Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of



SW EASY DISTRIBUTION, INC.

2319 Cr 28 PM 2: 56

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P19000076649	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
D. Patannan minsing office address if amplicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amounting the registered agent and/or registered office	address in Florida, outer the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
Name of New Registered Agest	· · · · · · · · · · · · · · · · · · ·
(Floria	la street address)
N D : 100 111	Pt. 11.
New Registered Office Address:	, Florida (City) (Zip Code)
	. ,
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent.—I am famil	nar with and accept the obligations of the position.
Signature of No	ew 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.

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>	<u>Name</u>	<u>Address</u>
1) Change	VP	YOESLYMAY GARCIA VELOZ	1525 SE 8th PL
Add			CAPE CORAL, FL 33990
X Remove			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

	10/25/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
-	25/2019	
Effective date <u>if applicable</u> :	23/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	•
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
10/25/201	9	
	<u> </u>	
Signature	Zichen	
(By a consequence)	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	RICARDO MARTINEZ VELOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	